



FULL MEMBERSHIP APPLICATION

PLEASE USE BLOCK LETTERS

Mr _____
We hereby nominate, Ms _____
(Full Name)

Of _____
(Address)

(Phone)

(Email)

_____, for FULL MEMBERSHIP of the Weipa Bowls Club.
(Date of Birth)

Nominator _____ Membership No. _____

Signature _____

Secunder _____ Membership No. _____

Signature _____

The following information is required:

Are you a member of a bowling club? YES / NO. If so which club
.....

Have you ever been a member of any bowling club? YES / NO. If so which state
.....

Do you intend to play bowls? YES / NO. If so how much experience do you have
.....

Have you played in any Pennant matches for any other bowling club this year? YES / NO.
If so name the club

Have you played in Club Championship matches with any other bowling club? YES / NO.
If so which club

Have you won any Club Championships MAJOR SINGLES / MINOR SINGLES / PAIRS /
TRIPLES / FOURS with any other
bowling club? YES / NO.
If so which club

What position are you considered most adept in the team in team play? LEAD / SECOND /
MEASURER / CAPTAIN.

Have you ever been expelled, suspended or asked to resign from any club? If so name the club
.....

I primarily visit the club for: Live music Food Gaming Bowls Drinks

The provision of R.Q.B.A, Article 68, Clause (d) reads, "No person shall be admitted a member of any Club affiliated with the Association who is, or has been a member of any Club affiliated with the Royal Queensland Bowling Association or other Bowling Association unless he / she satisfies the Committee of

THE SECRETARY
WEIPA BOWLS CLUB INC.

the Club by presentation of a clearance that he / she does not owe any entrance fees, subscription or other monies to any Club.

I consent to the above-mentioned nomination and, if elected I agree to abide by the rules and constitution of the Weipa Bowls Club Inc. in force from time to time, and particularly understand I am responsible for all subscriptions until I resign there from in writing.

(Applicants Signature)

(Date)

OFFICE USE.

RECEIPT NO. _____ BADGE NO. _____

SUBMITTED TO COMMITTEE / / ACCEPTED BY COMMITTEE / /

FILED / /