FERNY GROVE BOWLS, SPORTS AND COMMUNITY CLUB INC

PLEASE TURN OVER THE PAGE FOR PART C.

APPLICATION FOR MEMBERSHIP (Please hand to bar staff on completion)

I ALE OF MEMBERSHIP	2: Please Tick One Box		
SOCIAL VOLLEY BALL	MEMBER / NA MEMBER (Non-Affiliated)	(FULL) AFFILIATED BOWLI	NG MEMBER
_	,	JUN	IIOR MEMBER
<mark>FOR ALL MEMBERSHI</mark> I	P TYPES, PLEASE COMPLETE PART A		
PART A:	(DIFACE DDINT)		
(PLEASE CIRCLE ONE) Mr / Mrs / Miss / Ms		Surname	
Address:			P/C
Date of Birth:	Telephone No:	Mobile:	
Email Address:			
Contact Person in case	e of emergency:	Phone:	
	the age of 18 years and of good repute and ch the Memorandum and Articles of the Association	•	
Photo ID. Your ID mus	st be presented to Club Staff for verification	on. This information is an atte	empt to protect your
identity and deter frau	ud and is required under legislation. Staff	member: Please complete ve	rification over page.
Document ID & No:		State of Issue:	
Signature of Applicant:		Date:	
	ormation required for Social / Volley Ball Bowling (Non-Affiliated) or (Full) Bowling		se continue to PART B:
PART B: (To be compl	eted by <u>Bowling (Non-Affiliated)</u> OR	Full-Bowling Affiliated Applic	ants)
appointed to <u>some</u> posit position on any bowling	n-Affiliated members are eligible to vote at Ge ions on the Board of Management. However t committee. Nor are they eligible to play in an ior to playing in an organised event. Full Bow	hey are not eligible to vote on bo y Club Championships or Pennan	owling matters or hold a ts. New members must b
Are you a New Bowler	?		Yes / No
If No, how long have y	ou been a Bowler?	_ years	
Are you currently a me	ember of another Bowls Club?		Yes / No
If Yes, Name of Club: _		_	
•	a member of the other Bowls Club?		Yes / No
If No, have you resigned in writing from your other Club?			Yes / No
	ants or Championships for another Bowls	Club this calendar year?	Yes / No
	member of Ferny Grove Bowls Club?	_	Yes / No
If so, have you provided your Clearance Form from your other Club?			Yes / No
•	Championships you have won: FOURS, TI		<u>-</u>
-	dministrative position with your other Clu		Yes / No
If Yes, what position: _	·	1 0 .	103 / 140
· · · · · · · -	credited Umpire Y/N or An Accredited	 Coach Y/N	
,	,	•	

PART C: (To be completed by applicants other than Social or Volley Ball)

All applications for Non-Bowling (Non-Affiliated) and / or Full Bowling Memberships must be Nominated and Seconded by a FULL BOWLING MEMBER of the Ferny Grove Bowls, Sports and Community Club before being

considered for acceptance by the Board. We hereby nominate Mr/Mrs/Miss/Ms (Full Name) To be accepted for membership with the Ferny Grove Bowls Sports and Community Club with the membership type as indicated on the opposite page. Proposed: __ Seconded: PLEASE PRINT: PLEASE PRINT: Membership No: _____ Membership No: _____ Signature: Signature: _____ Date: _____ Date: _____ STAFF USE ONLY: VERIFICATION OF PHOTO ID PRINT NAME: SIGNATURE: DATE: **DETAILS OF MEMBERSHIP FEES: (DUE WITH APPLICATION)** MEMBER NO: _____ \$ 5.00 Receipt No Social Membership / Volley Ball Membership Fee Paid ADMIN TO COMPLETE DETAILS FOR BOWLING MEMBER FEES: (DUE WHEN ACCEPTED) Annual Club Membership Fee \$80.00 (or Pro-Rata) Paid Receipt No _____ \$ _____ Annual Affiliation Fees \$79.50 (or Pro-Rata) Paid Receipt No _____ \$ 12.50 Paid Administration Fee (New Bowler) \$12.50 Receipt No Signed: Date of Acceptance: (Secretary of Board or Chairperson) Print Name: _____ **OFFICE USE ONLY:** Added to Proposed Members List: ____/___ Approved & Updated H&L ____/___ Card Printed ___/___ Member Advised ___/___ Added to Form 2 ___/___

Admin Sign: _____