FERNY GROVE BOWLS, SPORTS AND COMMUNITY CLUB INC

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

TYPE OF MEMBERSHIP: Please Tick One Box

☐ SOCIAL ☐ VOLLEYBALL ☐ JUNIOR (UNDER 18) ☐ ORDINARY FULL BOWLING MEMBER

FOR ALL MEMBERSHIP TYPES, PLEASE COMPLETE PART A

PART A:

(PLEASE CIRCLE ONE) **(PLEASE PRINT)**

Mr / Mrs / Miss / Ms First Name: _____ Surname: _____

Address: _____P/C_____

Date of Birth: _____ Telephone No: _____ Mobile: _____

Email Address: _____

Contact Person in case of emergency: _____ Phone: _____

I declare that I am over the age of 18 years and of good repute and character. If accepted for membership, I agree to comply with and be bound by the Memorandum and Articles of the Association, the Constitution, Rules and By-laws of the Club as from time to time in force.

Photo ID. Your ID must be presented to Club Staff for verification. This information is an attempt to protect your identity and deter fraud and is required under legislation. Staff member: Please complete verification over page.

Document ID & No: _____ State of Issue: _____

Signature of Applicant: _____ Date: _____

This completes the information required for Social / Volleyball / Junior Memberships.
If you are applying for (Full) Bowling Affiliated Membership, please continue to PART B:

PART B: (To be completed by Ordinary Full Bowling Applicants)

Note: New Non-Bowling / Ordinary Associate memberships are not being taken due to changes with Bowls Qld requirements. New full members must be accredited by a coach prior to playing in an organised event. Full Bowling members have full voting rights.

Are you a New Bowler? Yes / No
If No, how long have you been a Bowler? _____ years
Are you currently a member of another Bowls Club? Yes / No
If Yes, Name of Club: _____
If Yes, will you remain a member of the other Bowls Club? Yes / No
If No, have you resigned in writing from your other Club? Yes / No
Have you played Pennants or Championships for another Bowls Club this calendar year? Yes / No
If Yes, Name of Club: _____
Will you represent Ferny Grove Bowls Club as your Primary Club? Yes / No
If so, have you provided your Clearance Form from your other Club? Yes / No
Please circle any Club Championships you have won: FOURS, TRIPLES, PAIRS, MIXED, SINGLES, NOVICE, VETS
Do/did you hold any administrative position with your other Club? Yes / No
If Yes, what position: _____
Are you? An Accredited Umpire Y/N or An Accredited Coach Y/N

PLEASE TURN OVER THE PAGE FOR PART C.

PART C: (To be completed by applicants for Full Bowling Affiliated Membership)

All applications for 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: _____
PLEASE PRINT:
Membership No: _____

Signature: _____

Date: _____

Seconded: _____
PLEASE PRINT:
Membership No: _____

Signature: _____

Date: _____

STAFF USE ONLY: VERIFICATION OF PHOTO ID

PRINT NAME: _____ SIGNATURE: _____DATE: _____

DETAILS OF MEMBERSHIP FEES: (DUE WITH APPLICATION) **MEMBER NO: _____**

Social / Volleyball / Junior Membership Fee $ 6.00 Paid Receipt No_____

ADMIN TO COMPLETE DETAILS FOR BOWLING MEMBER FEES: (NO PAYMENT UNTIL ACCEPTED BY BOARD)

Annual Club Membership Fee $80.00 (or Pro-Rata) $ _____ Paid Receipt No _____
Annual Affiliation Fees $20.00 $ _____ Paid Receipt No _____
Administration Fee (New Bowler) $12.50 $ 12.50 Paid Receipt No _____

Signed: _____
(Secretary of Board or Chairperson)
Print Name: _____

Date of Acceptance: _____

OFFICE USE ONLY:

Added to Proposed Members List: ____/____/____ Approved & Updated WILDCAT ____/____/____

Card Printed ___/___/_____ Member Advised ___/___/_____ Added to Form 2 ___/___/_____

Admin Sign: _____

A copy of our privacy statement can be provided on request