

## **Application for Full Membership**

## Fees to be paid on application and subject to Board approval — see declaration on reverse

PLEASE PRINT CLEARLY			
Mr/Mrs/Ms/Miss Last Name:			
First Name:	Second Name/Initial:		
Residential Address:			
Suburb:	Post Code:	State:	
Postal Address:			
Home Phone:	Mobile Phone:		
Email:	Date of birth:		
Please tick this box if you do not wish to your personal information provided on this for information only to process your membership of promotional activities.	m under the Privacy Act 1988 (as a	amended). The Club will use this	
I apply for membership of Mermaid Bea years (except Junior members) and agr Association and rules of the Club Constit	ee on being accepted, that	I will abide by the Articles of	
Signature:		Date:	
Proposer Signature:		Membership No.:	
Seconder Signature:		Membership No.:	
Please see o	questions over t	he page	
Office use only: ID sighted by:	ID Type:	No.:	
Fee Paid: Date:	Membership No.:	Locker No.:	

Are you currently a member of another Bowls Club?

If "Yes", please state which Club

Have you ever been a member of a Bowls Club in QUEENSLAND?

If "No" you will need to pay a one off admin fee through the Club to Bowls Qld.

Do you intend to nominate Mermaid Beach Bowls as your declared Club?

If "Yes" a clearance must be provided with your application.

If "No" please state the reason

Current qualifications: Umpire: Coach:

Do you require a locker? (\$10 per year)

New bowlers who have not had any lawn Bowls experience will require coaching before being accepted to compete in bowls competitions.

Will you require coaching?

I agree that my phone number (s) may be included in the Club handbook?

I declare that I have never been, or are currently under notice of suspension, expulsion or been refused membership of any other Bowls Club affiliated to World Bowls through Bowls Australia or any other national body.

I recognise that Lawn Bowls, like all sports involves an element of risk to health and I attest that I am physically fit to participate in lawn Bowls activities and that I have not been advised by a qualified Medical Practitioner not to engage in Lawn Bowls.

Signature	of	App	licant
Signature	01	лүүл	ircain

Date: