



BALMAIN BOWLING CLUB

A.B.N. 82 000 091 609

156 Darling Street, Balmain NSW 2041
Telephone: 9810 1071 Facsimile: 9818 2412

SOCIAL/FULL CLUB MEMBERSHIP - NOMINATION FORM

All of the details below must be completed. Please write clearly in **BLOCK** letters only. Illegible applications will not be processed and the applicant will forfeit any monies paid.

APPLICANT'S DETAILS

Title: Mr/Miss/Mrs/Ms/Dr/Other _____

Surname: _____

Given Name(s): _____

Occupation: _____

Date of Birth: _____

Postal Address: _____

Suburb: _____

State: _____ Postcode: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email Address: _____

Are you a Member of any Bowling Club: YES NO

If yes, of which Club(s): _____

Have you ever been a Member of any Club (Bowling or otherwise): YES NO

If yes, of which Club(s): _____

Do you intend to play Club Championship bowls: YES NO

If you have ever been suspended, expelled or asked to resign from any Club (Bowling or otherwise), then from which Club(s): _____ and for what reason(s): _____

Note:- Articles governing Membership

Article 31(d) "any person who is or has been a Member of a Club or Provisional Club shall not be admitted to membership in another Club or Provisional Club unless he/she lodges with the Secretary of the latter Club or Provisional Club seven (7) days prior to the date of election to membership a Certificate of Clearance (as per Schedule 3) hereto from the club or Provisional Club of which he/she is or was last a Member and in the event of such a Certificate not being available or its issue for some reason having been withheld consideration of application for membership of such person by such Club or Provisional Club shall remain in abeyance until such time as this Association has investigated the matter and given its decision as to whether or not he/she may be admitted to membership of such Club or Provisional Club."

I am desirous of becoming a Social/Full Bowling Member of Balmain Bowling Club, subject to the Constitution of the Royal New South Wales Bowling Association, and the Memorandum and Articles of Association and/or rules and By-Laws of the above Club.

Signature of Applicant: _____

Date: ____/____/____

Signature of Proposer: _____

Membership No _____

Signature of Seconder: _____

Membership No _____

IF MEMBERSHIP IS REFUSED, YOUR FEE WILL BE SENT BACK TO YOU.

Membership Accepted: YES <input type="checkbox"/> NO <input type="checkbox"/>	OFFICE USE ONLY	Date: ____/____/____	Membership Number: <input type="text"/>
Membership Rejected: Reason(s): _____			
Membership Fee Payment: Amount: \$ _____		Date: ____/____/____	