

Grafton District Services Bowling Club Inc.

ABN 52 225 123 13.

P.O.Box 1274 Grafton N.S.W. 2460 Phone (02) 6642 3200 - Fax (02) 6640 3253
Selectors: (02) 6640 3220.

Club Membership Nomination Form.

The applicant is required to complete the details below. It is important that where the applicant is or has been a member of another Bowling Club that he is in possession of Clearance Certificate from that Club in accordance with Article 31 (d) Schedule 3 of the Constitution of the Royal New South Wales Bowling Association Inc.

I (Name in full) : _____
Full Address : _____
Telephone Home Number: _____ Mobile Number : _____ Business Number : _____
Occupation : _____
Date of Birth : _____

Wish to become a Full Member - Multi Member - Junior Member of the Grafton District Services Bowling Club Inc. subject to the rules of the Grafton District Services Bowling Club and the rules of the Royal New South Wales Bowling Association Inc.

The following information is required :

Are you a member of a Bowling Club : _____
If so, please state names of Club or Clubs : _____

Do you intend to play Bowls : _____
Have you ever been suspended, expelled or asked to resign from a Bowling Club : _____
If so, state name of Club or Clubs : _____

Date : _____ Signature of Applicant : _____

Signature of Proposer : _____ Period of Acquaintance : _____
Signature of Seconder : _____ Period of Acquaintance : _____

For Grafton District Services Bowling Club Inc. Use Only.

Clearance certificate where required, State if sighted : _____
Membership Accepted : _____ Class : _____ Date : _____
Registration Number : _____ Grafton District Services Membership Number : _____

Secretary's Signature : _____ Date : _____