



GRAFTON DISTRICT SERVICES WOMEN'S BOWLING CLUB INC 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 she be in possession of a clearance certificate from that club in accordance with the Constitution of WBNSW.

Block letters

I (name in full):

Address:

Phone number: Mobile:

Email: Date of Birth:

Occupation:

Wish to become a Full/Associate/Social/Restricted (cross out whichever does not apply) member of the Grafton District Services Women's Bowling Club subject to the rules of the Club and the rules of Women's Bowls New South Wales.

The following information is required:

Are you currently, or have you ever been, a member of a bowling club? Yes/No

If so please state club or clubs:

Have you ever been suspended, expelled or asked to resign from a bowling club? Yes/No

If so please state club or clubs:

Do you intend to play bowls? Yes/No

Date: Signature of applicant:

Signature of proposer: Period of acquaintance:

Signature of seconder: Period of acquaintance:

FOR CLUB USE ONLY

Clearance certificate where required, state if sighted:

Membership accepted: Date:

Registration number: Secretary Signature: