

Fees must be paid over the bar or directly to: BSB: 015-693, Account: 111 205 279. Please include your name in the transfer.

Port Broughton Bowling Club Inc

Application / Nomination for Membership



I, _____
(Full Christian / first names) (Surname / last name)

Hereby apply to become a (please tick as appropriate):

- Full member (Fee discounts to \$77.50 for new club members, first year only) Fee: \$155.00
 Junior member (under 18 years at date of application) Fee: \$45.00
 Social Member Fee: \$15.00

of the Port Broughton Bowling Club Inc., and if elected, **agree to abide by the Clubs Code of Conduct (as displayed prominently on notice boards within the Club), plus the Constitution and any other Rules, Regulations or Policies of the Club as may be determined from time to time or those of any Association, Region, State or National Governing Body with which we are affiliated.**

I was previously a member of the: _____ Bowling Club
Please ensure you have requested the appropriate clearance from your old Club if you have either been a full member or played pennant bowls within the past 2 years). You must start the process online and pay a Bowls SA \$60 fee – go to: <http://www.bowlssa.com.au/forms/>

How many years since you've played pennants or been a full member: _____

I played in the following positions / Divisions: _____

Your Home Address: _____

Mobile: _____ Landline Phone : _____

Email address: _____
Please note: all general information and correspondence will be sent via email

Occupation: _____ Date of Birth: _____

Signature: _____ Date: ____ / ____ / ____

Next of Kin: _____ Relationship to you: _____

Their Mobile number: _____ Their Landline: _____

Their Address: _____

Nominated by: _____
(Print name) (Signature)

Seconded by: _____
(Print name) (Signature)

Please hand this form in to the bar or forward to the Secretary on completion

Office Use Only

Clearance Sighted (where applicable)

YES NO N/A

Subscriptions Paid:

YES NO

Elected at Committee Meeting:

YES NO

Date: ___/___/___

Men's / Women's Selectors advised:

YES NO

Date: ___/___/___

Data entered into BowlsLink:

YES NO

Date: ___/___/___

Signature of President: _____

Date: ___/___/___

Signature of Secretary: _____

Date: ___/___/___