



Mt Crosby Bowls Club Inc. trading as
Mt Crosby Sports & Community Club
 ABN 53 737 305 274 IA 11308
www.mtcrosbybowls.com

Affiliated Membership Nomination Form: \$85.00

*Please complete all details on this form. **(Play for state)**

I being an Ordinary/Life Member of this club hereby nominate: and
 (Print Full Name)

I being an Ordinary/Life Member of this club hereby support the
 (Print Full Name)

nomination of; being the person described below, for Affiliated
 (Print Full Name)

Membership of the club and who we have no hesitation in being able to recommend as a person who will be compatible with the club members, and for whom we will be responsible for their involvement in the life of the Club.

Signature of Nominator

Signature of Nominator

AUTHORISATION and DECLARATION

I, hereby affirm that;

1. I am the person being nominated for Social membership of the club referred to in the schedule.
2. I am not in debt to any club or other social association.
3. I DECLARE that I have never been and am not currently under notice of suspension or expulsion from membership of any bowls club or bowls association and I AUTHORISE the Mt. Crosby Bowls Club Inc. (whether or not affiliated with Bowls Queensland), District Bowls Associations, the Bowls Queensland and Bowls Australia to exchange information (at any time, whether or not I hold a current club membership) about me relating in any way to my membership with this club or any other bowls club, (including but not limited to, previous suspensions, expulsions, conduct prejudicial to the interests, image or welfare or the club, Bowls Queensland, or the game of bowls and the like).
4. I have had explained (and understand and accept) the privileges, obligations and responsibilities of memberships.
5. I agree to be bound by the Constitution and by-law of the Mt, Crosby Bowls Club Inc. in force from time to time.
6. (If appropriate) I attach a Clearance Form from Bowls Club.

SCHEDULE:

Full Name:
 (Print Full Name)

Date of Birth:

Residential Address:

P/code:

Telephone (Home):

(Mobile):

Email Address:

Occupation:

Signature of Nominee:

Date:



Any special interests or skill you may offer for active involvement in the Club:

Previous and current memberships of and achievements at other Club:

(E.g. Umpire, Coach, Singles, Pairs, Triples, Fours, Masters, Committee, Board)

Office/s and/ or duties, filled in other clubs, or sports Associations:

Club/Association	Office	Years

*Complete the Membership fee of \$11.00 Receipt No:

Amount:

This nomination shall be accepted or rejected by the Board of Management in accordance with the Club Constitution and by-laws.

- If this nomination is accepted, the Secretary shall:
 1. Advise the nominee of the decision and the subscription fees due: and
 2. Upon receipt of the fees, countersign this form and return a copy to the nominee as conclusion of the contract between the club and the member.
- If this nomination is rejected, the secretary shall advise the nominee, and also advise of the right of appeal available to the nominee, and the process for appeal.

ACCEPTANCE OF THIS NOMINATION:

(Board to Complete)

The Board has accepted the nomination and the nominee is now an Affiliated Member of the Club and is obliged to receive all privileges and accept all responsibility of that membership.

Number Allocated:

Secretary:

Date:

Signature of Nominee

Signature of Secretary