



Non - Affiliated Membership Nomination Form: \$40.00

*Please complete all details on this form. (Participate in club competitions only)

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:

*Complete the Membership fee of \$40.00

Receipt No:

Amount:



ACCEPTANCE OF THIS NOMINATION:
(Board to Complete)

Number Allocated:

Secretary:

Date: