



Mt Gravatt Bowls Club Inc.

1873 Logan Road, Upper Mt Gravatt, Queensland 4122, Australia
P.O. Box 34, Mt Gravatt, Queensland 4122, Australia
Email: membership@mtgravattbowlsclub.com
Website: www.mtgravattbowls.com
Admin and Selectors Office: 07 3349 2367, Fax: 07 3349 2787

MEMBERSHIP APPLICATION FORM

Mr. Mrs. Ms. Miss

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Date of Birth: ___/___/_____ Contact Numbers: _____

Email: _____ Next of Kin: _____

Next of Kin Contact Number: _____ Do you require Coaching? Yes No

Are you presently a member, or have been a past member of any other Bowls Club? Yes No

If **YES** a **Clearance** must be obtained from your present, or past club and attached to this application.

Name of Club: _____ Are you financial? Yes No

Do you intend to remain a member of your present Club if you join this club? Yes No

Number of years Bowling experience: _____ Pennant Division: _____ Preferred Position: _____

Championships won (if any): _____

List any Coaching or Umpire certificates held: _____

List any official positions held in a Club: _____

I would like to receive club news and offers via email:

Conditions of Membership

I certify that: (a) I am not less than (18) years of age. (b) I am of good character and I am prepared to support and promote the welfare of the Club and the Game of Bowls. (c) I am free of indebtedness to any Club, any District Bowls Association or any State Bowls Association and not under an order or notice of Suspension or Expulsion from any Bowls Club or Bowls Authority. (d) When approved, I will be given a copy of the Club Constitution along with copies of policy and procedure for sexual harassment, discrimination harassment and bullying prevention. (e) I agree to read the above documents within 2 weeks of receiving them.

If this application is approved, I agree to comply with and be bound by the Club Constitution, By-Laws and Policies of the club.

Applicants Signature: _____ **Date:** ___/___/_____
(Signature of Parent or Guardian if under the age of 18)

An application fee of \$25.00 to accompany this form.

Office Use Only

Application Fee Paid: ___/___/_____ Amount: \$ _____ Receipt No: _____

Member No: _____ BQ No: _____ Welcome Letter Sent: Approval Letter Sent:

Board Approval Due: ___/___/_____ Coaching Co-Ordinator Notified: Yes / No Clearance Provided: Yes / No

Subscription Fee Paid: ___/___/_____ Amount: \$ _____ Receipt No: _____