



# Mt Gravatt Bowls Club Inc.

1873 Logan Road, Upper Mt Gravatt, Queensland 4122, Australia  
P.O. Box 34, Mt Gravatt, Queensland 4122, Australia  
www.mtgravattbowls.com  
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Phone: (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: \_\_\_\_\_ Do you require Coaching? Yes  No

Next of Kin: \_\_\_\_\_ Next of Kin Contact Number: \_\_\_\_\_

Are you currently a member, or have been a past member of an affiliated Queensland Bowls Club or Interstate Bowls Club within twelve months of the date of this application? \*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

If financial, 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. (d) I am not under an order or notice of Suspension or Expulsion from any Bowls Club or Bowls Authority.

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

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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

### Office Use Only

Application Fee Paid: \_\_\_/\_\_\_/\_\_\_ Receipt No: \_\_\_\_\_ BQ No: \_\_\_\_\_

Clearance Provided: Yes  No  Board Approval Due: \_\_\_/\_\_\_/\_\_\_ Coaching Coordinator: Yes  No

Welcome Letter – Post:  Email:  Approval Letter – Post:  Email:  Member No: \_\_\_\_\_

Subscription Paid: \_\_\_/\_\_\_/\_\_\_ Amount: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_ POS: