

COOLUM BEACH BOWLS CLUB APPLICATION FOR FULL MEMBERSHIP

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to be a full member of the Club.			Dog	ot Codo
Address:Postal Address:				
Mobile: Telephone:				·
Email:		·		
Emergency contact details (optional):	Name:		_ Teleph	one:
Do you consent to your phone number				
Do you consent to your birthday being	printed in	club newsletter which i	s also publis	shed on club website?
Yes □ No □	•		·	
Are you currently a Financial Member	of any other	er Bowls Club? Yes □	No□	
If yes: Name of Club: L			Location: _	
Status in that Club: Ordinary □ As	sociate	Life □ Honorary □	Social □	
If yes: It is a requirement of Bowls QL	D that you	supply an 'OPEN' clea	rance before	e acceptance by
Coolum Beach Bowls Club. Clearance	? Yes □	No □		
Have you played Pennant? Yes □ No				
If yes – which Division/s: 1st □ 2nd □	∃ 3 rd □ 4 th □] 5 th □ 6 th □ 7 th □ 8 th □		
Have you won a club championship?	Yes □	No □		
If yes: Club □ District □ Sta	ate □	National □		
In which event did you win? Singles □	Pairs	□ Triples □	Fours	
Are you an Accredited Coach? Yes	s □ No □	If yes: Certificate No:		Expiry:
Are you an Accredited Umpire? Ye	s □ No □	If yes: Certificate No:		Expiry:
Have you ever been suspended, expe	lled or refu	sed admission to any I	Bowls Club?	Yes □ No □
If Yes, please provide details:				
Will you be a declared or non-declared bowling m				
If accepted as a member, I agree to laws of the Coolum Beach Bowls Chibe above Club is rejected, I have no	comply w lub Inc. I h	ith and be bound by a ereby agree, that if n	the Constitu ny application	ıtion, Rules and By-
<u>Membership fee</u>	es are due	and payable with this	s applicatio	<u>n</u> .
Nominated by:		_ Signature: _		
Seconded by:		_ Signature: _		
Signature of proposed member:			Date:	

Board approval: ____/ __/ __ Processed: ___/ __/