

THURINGOWA CITY BOWLS CLUB

PO BOX 54

Thuringowa central QLD 4817

PHONE: (07) 47737256

admin@tcbci.com.au

MEMBERSHIP APPLICATION

I hereby apply to become an Ordinary Member & agree to abide by the Rules Regulations & Constitution of Thuringowa City Bowls Club

SURNAME..... DATE OF BIRTH.....

GIVEN NAMES..... PREFERRED NAME.....

ADDRESS..... POST CODE..... HOME

PHONE..... MOBILE PHONE..... EMAIL

OCCUPATION.....

I AM (PLEASE ANSWER YES OR NO)

YES / NO A NEW BOWLER (\$25 NOMINATION FEE) COVERS BADGE

YES / NO A MEMBER OF BQ AFFILIATED CLUB

YES / NO CLEARANCE CERTIFICATE ATTACHED (\$25 NOMINATION FEE FOR BADGE)

AN ACCREDITED UMPIRE YES / NO AN ACCREDITED COACH YES / NO

YES / NO I AM RETAINING MEMBERSHIP OF THE FOLLOWING BOWLS CLUB/S

BRIEF SUMMARY OF BOWLS EXPERIENCE / ACHIEVEMENTS.

DATE..... SIGNATURE

NOMINATED BY (PRINT)..... SIGNATURE..... CLUBNo.....

SECONDED BY (PRINT)..... SIGNATURE..... CLUBNo.....

ANNUAL SUBSCRIPTION MUST BE PAID BEFORE YOU CAN COMMENCE BOWLING IN COMPETITIVE OR SOCIAL GAMES

PRIVACY STATEMENT :- The Thuringowa City Bowls Club inc. Is committed to the privacy of your information supplied on this form under the Queensland Club industry Privacy Code. The Club will use this information to process your Membership & provide Facilities & Services to you.

OFFICE USE

NOM FEES..... RECEIPT No..... DATE..... MENS / LADIES.....

DATE ACCEPTED..... DATE ADVISED..... SUBS..... DATE.....

RECEIPT No..... CLUB No..... BQ ADVISED..... SECRETARYS ADVISED.....