**NOMINATION FORM FOR CLUB MEMBERSHIP**

***KINGSBURY BOWLS CLUB INC.***

Arch Gibson Reserve, Dunne Street, KINGSBURY Inc. No. AOO1742OU

Postal Address: PO Box 133 Kingsbury 3083 Ph: 9462 2803 Fax: 9462 3822 Email: [info@kingsburybowlsclub.com.au](mailto:info@kingsburybowlsclub.com.au)

**Applicants please note**: Acting on legal advice, Kingsbury Bowls Club Inc. reserves the right to contact former club/s of this applicant, if the applicant is transferring from another bowling club to Kingsbury Bowling Club Inc. to seek character information. I am aware that this may occur.

Applicants Signature...................................................Date.....................

Surname (Print) :.........................,................................................................

Given Name/s (Print)...................................................................................Date of Birth. / /

Address...........................................................................................................Postcode..................................

Telephone (Home)........................................Mobile....................................email..............................................

Do you have previous lawn bowling experience? (Circle) YES NO

If Yes Please list details of previous Club/s.....................................................................................................

No of years played...........................Division level......................................................

If you are transferring from another club, have you received a clearance from that club? YES NO

|  |  |  |
| --- | --- | --- |
| Are you available for selection in: Bowls Victoria Saturday Pennant | YES | NO |
| Bowls Victoria Tuesday Pennant | YES | NO |
| Northern. Gateway Night Pennant | YES | NO |

**Please tick one of the following:**

I would like to become a ***BOWLING MEMBER.***

I would like to become a ***SOCIAL*** ***BOWLING MEMBER.***

I would like to become a ***JUNIOR BOWLING MEMBER*** (Under 18).

I would like to become a ***SOCIAL MEMBER***

of Kingsbury Bowls club Inc. and agree, if my application is accepted, to conform to the rules as set out in Purposes and Regulations of Kingsbury Bowls Club Inc.

Applicants Signature......................................................................Date / /

Proposers Name: ..............................................Proposers Signature................................................Date / /

Seconders Name: ...............................................Seconders Signature................................................Date / /

When lodging this application, a joining fee must be paid. Bowling Member $

Social Bowling Member $

Junior Bowling Member $

Social Member $

This fee is fully refunded if application is denied.

\* New bowling members and new Juniors pay only the Capitation fee as set by B.V. for the first year of their membership.

Transferring bowlers pay the fees as set by the Club for the first year and the capitation fee only in the following season. **Full fees apply thereafter.** Returning Kingsbury Bowlers pay full fees upon rejoining.

Date application posted on the notice board. *I I*

Payment received *I I* Amount$ Cash/cheque Receipt No.

Nov 2019