

HAMPTON BOWLS CLUB INC

25 Fewster - P.O. Box 61 - Hampton, Vic. 3188

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Website: www.hamptonbowlsclub.com.au

NOMINATION FOR MEMBERSHIP

TO THE SECRETARY

DATE

WE NOMINATE THE FOLLOWING APPLICANT FOR MEMBERSHIP OF THE CLUB

NAME Mr
 Mrs.....
 Miss (given names) (surname)

ADDRESS (private).....

 POST CODE PHONE..... MOBILE.....

 EMAIL

ADDRESS (Business).....

 POST CODE PHONE

OCCUPATION..... MARITAL STATUS.....

DATE OF BIRTH BOWLING EXPERIENCE.....

IF NO BOWLING EXPERIENCE PLEASE ASK FOR A COPY OF COACHES NAMES & PHONE NUMBERS

IF YOU HAVE PLAYED AND ARE GOING TO PLAY PENNANT ASK TO MEET AND TALK TO OUR SELECTORS

PROPOSER..... SECONDER.....

APPLICATION FOR MEMBERSHIP

I..... (Full name of applicant)

Of..... (Full address)

I desire to become a member of the HAMPTON BOWLS CLUB INC. In the event of my admission I agree to be bound by the Rules and By-laws of the association for the time being in force. I understand and accept the Committee of Management ruling that I make myself available in a voluntary capacity to assist the club from time to time when requested and rostered thereto.

.....
(Signature of applicant)

.....
(Date)

FOR OFFICE USE ONLY

Date Received.....Applicant Notified.....

Registered as Member on.....Secretary.....