



Hampton Bowls Club Inc

Membership Application Form

NOMINATION FOR MEMBERSHIP

To the Director of Administration,

DATE _____

We nominate the following applicant for membership of the Club.

Please tick the following preference

FULL MEMBERSHIP

SOCIAL MEMBERSHIP

NAME Mr/Mrs/Ms _____
(given name/s) (surname)

ADDRESS: _____
(private residence – street and suburb)

POST CODE _____ **HOME 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 our COACHES Contact Details.

If you have experience and wish to play Pennant, ask to meet the SELECTORS.

PROPOSER Name _____ Signature _____

SECONDER Name _____ Signature _____

APPLICATION FOR MEMBERSHIP

I, _____
(Please write your full name)

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