



West Toowoomba Bowls Club Membership Application

We hereby nominate (full name) MR/MRS/MS/MISS/OTHER_____ to be a member of the Club

Proposer: _____ Seconder: _____

PRINT PRINT

SIGN SIGN

Please note all applications MUST be proposed and seconded by current bowling members of WTBC

PERSONAL DETAILS

Address: _____

P/Code: _____ Date of Birth: _____

Postal Address: _____

P/Code: _____ Telephone: _____

Mobile: _____ Occupation: _____

Email: _____

YES NO

Do you give permission for your phone number to be shared with other bowlers? YES NO

Are you a CURRENT member of another bowls club? YES NO

IF YES – give name(s) of club(s) and attach clearance to application form _____

Have you played Pennants in the last 2 years? YES NO

IF YES – what division? _____

Have you played other championships for another club this calendar year? YES NO

Will you be a declared or non-declared bowling member of this club? YES NO

Do/did you hold any administrative office? _____

IF YES – give position(s) YES NO

Are you an accredited umpire? _____

Are you an accredited coach? Yes No

Have you won championships? Yes No

IF YES – give details Yes No

I hereby agree to become a bowling member of West Toowoomba Bowls Club and to be bound by the Constitution, Code of Conduct, By-Laws of the Club that are currently in force.

APPLICANTS SIGNATURE: _____

Date: _____