

LAWSON BOWLING CLUB LIMITED
PO BOX 12
LAWSON NSW 2783
Telephone (02) 4759 1417
Email info@lawsonbc.com.au

MEMBERSHIP APPLICATION

Enclosed please find Official Nomination Form for Membership of the **LAWSON BOWLING CLUB LIMITED**.

The following procedure will have to be adopted before membership can be finalised.

The form must be completely and correctly filled in otherwise the form will not be accepted.

PROOF OF AGE AND RESIDENTIAL ADDRESS MUST BE PRODUCED ON APPLICATION.

Please submit your completed form together with the applicable amount (as shown below).

FEES:

BOWLER MALE	\$85.00 FULL YEAR
BOWLER FEMALE	\$85.00 FULL YEAR
BOWLER JUNIOR MALE/FEMALE	\$35.00 FULL YEAR
SOCIAL – ONE YEAR	\$10.00 FULL YEAR
SOCIAL – THREE YEAR	\$20.00
SOCIAL – FIVE YEAR	\$30.00

Please note the following :

- 1) ACCEPTANCE OF MEMBERSHIP MUST BE APPROVED BY THE BOARD OF DIRECTORS.**
- 2) IF MEMBERSHIP NOT APPROVED YOU WILL BE NOTIFIED AND ALL MONIES REFUNDED.**
- 3) MEMBERSHIP CARD MAY BE COLLECTED FROM THE 3RD MONDAY OF THE MONTH AT WHICH TIME YOUR PHOTO WILL BE TAKEN FOR YOUR MEMBERSHIP CARD.**
- 4) IF CARD LOST REPLACEMENT FEE OF \$3.50 APPLIES.**
- 5) MEMBERSHIP YEAR 1ST JUNE TO 31ST MAY (following year)**
- 6) THE APPLICANT IS REQUIRED TO COMPLETE THE DETAILS OVER THE PAGE. IT IS IMPORTANT THAT WHERE THE APPLICANT IS OR HAS BEEN A MEMBER OF ANOTHER BOWLING CLUB THAT HE/SHE IS IN POSSESSION OF A CLEARANCE CERTIFICATE FROM THE OTHER CLUB IN ACCORDANCE WITH THE CONSTITUTION OF THE ROYAL NSW BOWLING ASSOCIATION / NSW WOMEN'S BOWLING ASSOC. INC AND AS PER SCHEDULE OF THE SAME CONSTITUTION. IF YOU BECOME A MULTI MEMBER OF THIS CLUB AND YOUR "PRESENT" OR "MAIN" CLUB IS NOT LAWSON BOWLING CLUB, YOU ARE NOT ELIGIBLE TO VOTE AT GENERAL MEETINGS OR TO PLAY IN CHAMPIONSHIPS OR PENNANT GAMES FOR LAWSON BOWLING CLUB.**

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Mr / Mrs / Miss / Ms (Please circle applicable)

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ POSTCODE _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ___/___/___ OCCUPATION(Do not enter RETIRED) _____

PHONE No HOME _____ MOBILE NO _____ WORK _____

I would like to become a member of Lawson Bowling Club Ltd. Subject to the constitution of the Royal NSW Bowling Association and the memorandum and articles and / or rules and by-laws of the above Club. (Please TICK membership required)

- FULL BOWLING MEMBER Do you wish to receive Annual Report (FULL MEMBER ONLY)
 Mail OR
 Email
 MULTIPLE BOWLING MEMBER
- SOCIAL MEMBER (ONE YEAR)
- SOCIAL MEMBER (THREE YEAR)
- SOCIAL MEMBER (FIVE YEAR)

Member of other Clubs (please list) _____

RNSWBA / NSWBA Membership No _____

Do you intend to play bowls ? Yes / No

Have you ever been expelled, suspended or refused admission to this or any other Club or any other licensed premises? Yes / No

If YES, please give reason and date membership discontinued _____

SIGNATURE
OF APPLICANT _____

DATE APPLICATION FORM SUBMITTED ___/___/___

FAILURE to complete form correctly and completely will delay your application and will require the form to be returned to you.

OPTIONAL:

NAME OF PROPOSER _____ MEMBERSHIP NO _____

SIGNATURE PROPOSER _____ DATE ___/___/___

NAME OF SECONDER _____ MEMBERSHIP NO _____

SIGNATURE SECONDER _____ DATE ___/___/___

Office Use Only:

Clearance certificate sighted Y/N _____

Acceptance date ___/___/___

Entered in register ___/___/___

RNSWBA / NSWBA Register ___/___/___ Badge No. _____ Class _____

Receipt No _____ Date ___/___/___ Amount \$ _____