



APPLICATION FOR CLUB MEMBERSHIP

I, Mr, Mrs, Miss, Ms _____

Address _____

Suburb _____ State _____ Post Code _____

Do hereby make application to become a CLUB MEMBER of Beerwah RSL & Citizens Memorial Club Inc. & Glasshouse Country Bowls and request that you enter my name on the Register of Members, if accepted. I certify that I understand and will abide by Beerwah RSL's Constitution, By-laws and all other of the Club. In support of my application, I submit the following Information.

Date of Birth _____ Occupation _____

Ph:(Home) _____ Ph: (Work) _____ Mobile _____

Email address: _____ Would you like to receive Club information

PLEASE FORWARD COMPLETED APPLICATION AND COPY OF IDENTIFICATION (E.G. ELECTORAL ROLL CARD, DRIVING LICENCE) to:

Beerwah RSL Club, PO Box 41 Beerwah Qld 4519. Phone(07)54365 000.

I remit the Annual Subscription of either, Club \$5.50 RSL \$20.00 Bowls \$42.00
 I agree to abide by the decision of the board of management.

Applicants Signature _____ Application Date _____

PROPOSAL FORM

I, the undersigned being a Service, Club Member of Beerwah RSL, do hereby propose the above Applicant for Club Membership

Proposer _____ Membership No _____

Secunder _____ Membership No _____

QUALIFICATIONS FOR MEMBERSHIP

All persons in adult membership categories must be aged 18 years and over

RIGHTS OF MEMBERS

Club members only of the Club shall have full voting rights and, subject to the constitution, be eligible to be elected to or hold office on the board. Each financial member who is eligible to vote shall have one vote
 The rights of members to use the facilities of the Club shall be as the Board may determine from time to time by By-Law or otherwise provided

Following information to be filled out only if you require FULL BOWLS MEMBERSHIP.

Class of Membership applied for—Full Bowling Member () Junior Bowler () Date of Birth _____

Are you a member of any other Bowls Club Yes / No

Proposer or Secunder must be either Parent or Legal Guardian of the Junior Bowler

Name of Club _____ Clearance Yes / No

Are you an Accredited Umpire Yes / No Are you an Accredited Coach Yes / No

Masters () Singles () Pairs () Triples () Fours ()

NEW BOWLERS MUST MAKE THEMSELVES AVAILABLE FOR THE REQUIRED COACHING SESSIONS.

FOR OFFICE USE ONLY

Date received _____ Identification sighted _____ No _____

Receipt No _____ Amt Paid _____ Issued By _____ Membership No _____