



Cleveland Bowls Club Inc
ABN: 290 203 12519

Bowls Membership

Application Form

FOR ALL MEMBERSHIP TYPES, PLEASE COMPLETE PART A (PLEASE PRINT CLEARLY)

(PLEASE CIRCLE ONE): NEW / EXPERIENCED / JUNIOR Title: Mr / Mrs / Miss / Ms

First Name: _____ Preferred First Name: _____ Surname: _____

Address: _____ P/C _____

Date of Birth: _____ Telephone: _____ Mobile: _____

Email Address: _____

Contact Person in case of emergency: _____ Telephone/Mobile: _____

Do you give permission for your contact number to be given out to other bowlers via our Members Phone List: Yes / No

Occupation/Past Occupation: _____

Do you require coaching? Yes / No

Please note, coaching is mandatory for all new bowlers. Once membership fees are paid, one of our Accredited Coaches will contact you to arrange up to six complimentary coaching sessions.

Please circle if you can help the club in any volunteer roles (turn over page for specific roles) Yes / No

Would you like to receive our Club Newsletter electronically? Yes / No

Membership Fees are calculated quarterly. Please circle when you would like your membership to begin from:

1 July / 1 October / 1 January / 1 April

PART B - TO BE COMPLETED IF YOU HAVE BEEN OR ARE A BOWLER AT ANOTHER CLUB

Are you currently a Member of another Bowls Club? Yes / No

If yes, do you intend to remain a member of that Club? Yes / No

If Yes, which Club will you declare? Cleveland / Other – (specify) _____

Please provide your BowlsLink National Identification Number (NIN): _____

Have you ever been refused admission, suspended or expelled from another Bowls Club? Yes / No

PART C - TO BE COMPLETED BY ALL APPLICANTS

If accepted for Membership, I agree to comply with and be bound by the Constitution and By-Laws of Cleveland Bowls Club Inc and the requirements of Bowls Queensland. *A copy of these documents can be found in Constitution Corner near the Selectors Box in the Club for your viewing only.*

I give my consent for the provision of my personal information contained on this form to National, State and District Bowls Association through Bowlslink.

Applicant's Signature _____ Date ____/____/____

Please note, a \$10 Nomination Fee (non-refundable) is required when submitting this Application.

Public Liability Insurance: Cleveland Bowls Club has public liability insurance up to \$20 million.

PLEASE TURN OVER PAGE

Your Privacy – Cleveland Bowls Club Inc. is committed to the privacy of your personal information. The Club will use the information that it collects from you to process membership applications and to provide its facilities and services to you.

If you are applying for Bowling Membership you consent that your personal information will be provided to National, State and District Bowls Associations through Bowlslink.

Please contact the Board Secretary if you have any questions regarding the privacy of your personal information held by the Club.

Cleveland Bowls Club Incorporated

How Can I Help The Club?

Clubs rely heavily on volunteer assistance. Your assistance in the running of the Cleveland Bowls Club is important for our future operations. We understand your time is important to you, therefore any help whether it be in the capacity of a large/small role or on a roster basis, is very much appreciated.

Please let us know areas where you may be able to help – please tick any relevant area

<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Umpire / Marker	<input type="checkbox"/>	Barefoot Bowls
<input type="checkbox"/>	Promotions – Facebook/Other	<input type="checkbox"/>	Coaching	<input type="checkbox"/>	Corporate Bowls
<input type="checkbox"/>	Administrative/Clerical	<input type="checkbox"/>	Raffles	<input type="checkbox"/>	Twilight Bowls
<input type="checkbox"/>	IT (Website)	<input type="checkbox"/>	Repairs and Maintenance	<input type="checkbox"/>	Burger & Bowls
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Ground Maintenance	<input type="checkbox"/>	Bowls Events / Carnivals
<input type="checkbox"/>	Membership	<input type="checkbox"/>	Club Uniforms	<input type="checkbox"/>	Social Selector
<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Sponsorship / Fundraising	<input type="checkbox"/>	Competition Selector
<input type="checkbox"/>	Bowlslink	<input type="checkbox"/>	Recycling	<input type="checkbox"/>	Bowls Admin – (Tues – Sat)
<input type="checkbox"/>	Advertising – upcoming events	<input type="checkbox"/>	Administration – Club Diary	<input type="checkbox"/>	

A full list of duties / requirements can be found on the Bowlers Noticeboard.

Nominated by _____ M/No. _____
PRINT NAME SIGNATURE

Seconded by _____ M/No. _____
SIGN NAME SIGNATURE

Approved by Board Secretary _____ Date: ____/____/____

FOR CLUB USE ONLY

\$10 Nomination Fee Received (attach receipt)

By _____ (print name) on ____/____/____ (date)

To be Completed by Membership Secretary

Membership Number: _____ Invitation letter sent ____/____/____

Member Type: Male / Female Full / Junior / Non Declared Coaching: Yes / No

Membership Fees Received: ____/____/____

Entered into Bowlslink Database ____/____/____ Existing / New

National Identification Number: NIN _____ Password _____

Card Requested ☐ Member emailed/advised of above (cc. Bowlslink Co-ordinator) ☐

Newsletter Advised ☐ Added to Members List & NOK List (Selectors Box) ☐

Completed by Secretary (Signature) _____ Date: ____/____/____