



BELL POST HILL BOWLS CLUB

Membership Application

APPLICANT:

Family Name:
(Please print)

Given Names:

Address: **Post Code:**

Phone: Home **Work** **Mobile** **Fax:**

E-mail address:

Date of birth:/...../..... **Occupation (or former):**
(men only – RVBA purposes)

Membership category applying for: **Playing Member** [] **Junior Member** [] **Social Member** []

Are you an Umpire: Yes / No **Certificate Number:** **Expiry Date:**...../...../.....

Are you a Coach: Yes / No **Certificate Number:** **Expiry Date:**...../...../.....

Have you been a Member of another Club within the last 5 years: Yes / No

If yes, which Club: **Is a clearance required** Yes / No
RVBA rules for competition 2(i)(d) states that a clearance is required if you have been an affiliated member of another club within the last 5 years

Signature of Applicant: **Date:**/...../.....

Signature of Parent or Guardian if Applicant is under 18 years of age

Name of Signatory: **Relationship to Applicant:**

Signature: **Date:**/...../.....

I agree to the above nominated person becoming a member of the Bell Post Hill Bowls Club

.....
Under the requirements of the privacy act, your personal information will not be made available to the general club membership. Your information will be provided to the RVBA for registration purposes, the Secretary and Treasurer for administration purposes and the Selection Committee for team selection purposes. Your personal information will not be provided to any other person or organization without your express approval.

Proposed By: **Signed:** **Date:**/...../.....
(print name)

The above nominated person is known to me personally and I believe the applicant to be a suitable person to be elected a member of the Bell Post Hill Bowls Club

Seconded by: **Signed:** **Date:**/...../.....
(print name)

The above nominated person is known to me personally and I believe the applicant to be a suitable person to be elected a member of the Bell Post Hill Bowls Club

Tabled at the Committee Meeting on: _____ / _____ / _____

Application: **Accepted / Not Accepted**

Clearance Required: Yes / No **Clearance Completed:** Yes / No

RVBA approval Received: Yes / No **Date received:** Date:/...../.....

Letter of Confirmation Sent: Yes / No **Capitation Paid:** Date:/...../.....

Signed (Secretary): _____ Date:/...../.....