

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.

All nominees must be nominated and seconded for membership by two (2) **FINANCIAL BOWLING MEMBERS**.

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	\$50.00 FULL YEAR
BOWLER MALE – MULTIPLE	\$25.00 FULL YEAR
BOWLER FEMALE (<i>new applications</i>)**	\$50.00 FULL YEAR
BOWLER FEMALE – EXISTING	\$38.00 FULL YEAR
BOWLER JUNIOR MALE/FEMALE	\$25.00 FULL YEAR
SOCIAL – ONE YEAR	\$10.00 FULL YEAR
SOCIAL – THREE YEAR	\$20.00

**** An additional application form for the Blue Mountains District Women's Bowling Associations needs to be completed.**

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 TUESDAY 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 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: _____

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 circle membership required)**

FULL BOWLING MEMBER

MULTIPLE BOWLING MEMBER

SOCIAL MEMBER (ONE YEAR)

SOCIAL MEMBER (THREE YEAR)

Member of other Clubs (please list) _____

RNSWBA Membership No _____ (if applying as Multiple Member)

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 ___/___/_____

NAME OF PROPOSER _____ MEMBERSHIP NO _____

SIGNATURE PROPOSER _____ DATE ___/___/_____

NAME OF SECONDER _____ MEMBERSHIP NO _____

SIGNATURE SECONDER _____ DATE ___/___/_____

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

Office Use Only

Clearance certificate sighted Y/N Acceptance date ___/___/_____

Letter of acceptance ___/___/_____ Entered in register ___/___/_____

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

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