



Application For Membership
(Ordinary, Associate, Temporary or Junior)
“PLEASE PRINT”

Bargara Bowls & Sports Club Inc.
P.O Box 8038 Bargara QLD 4670
Phone: (07) 4159 2202
Fax: (07) 4159 2255

Title: _____ Date Of Birth: _____
Surname: _____ Given Names: _____
Street Address: _____ City: _____
State: _____ Country: _____ Post Code: _____
Postal Address: _____ City: _____
State: _____ Country: _____ Post Code: _____
Phone Number: _____ Mobile Number: _____
Email Address: _____

Membership Type: (please circle)

- a. Ordinary Bowling member with all playing and voting rights
- b. Associate Full bowling member of another bowls club wishing to play social bowls only. Has no voting rights, but can access all facilities of the Club.
- c. Temporary Full bowling member of another bowls club who normally resides outside the Bundaberg district and seeks membership for up to three (3) months (extensions at the discretion of the board) and wishes to play social bowls only. Has no voting rights but can access all facilities of the Club.
- d. Junior Person under eighteen years who will be a full bowling member, but will have no voting rights.

Are you a member of any other bowls club? If Yes, please give details. _____

*If yes, please attach a **clearance form** from your previous club if applying for an Ordinary Membership*

Have you ever been suspended from a bowls club or bowls association? _____

Please state the year you commenced bowling and any club championships or 'B' grade singles you have won and the year of winning. (If you are a new bowler, write **NEW BOWLER**)

Name Of Proposer: _____ Signature: _____
Name Of Seconder: _____ Signature: _____
Applicant Signature: _____ Date: _____

*As our fees are renewed at the same time every year the amount due for the current year changes monthly.
Please contact the club on (07) 4159 2202 to find out what fees will be due at the time of application.*

Pay By Credit Card: **VISA** or **MASTERCARD**
Name On Card: _____ (Must Match Applicant)
Card Number: _____ Expiry Date: _____
CVC Number: _____ (Last 3 or 4 digits on card back near magnetic strip)
Signature: _____ Date: _____

Pay by cheque or money order: Make payable to Bargara Bowls & Sports Club Inc. Include you payment with this form and mail to: Attention The Manager Bargara Bowls & Sports Club, PO Box 8038 Bargara QLD Australia 4670

OFFICE USE ONLY	Fee Paid: \$ _____	Receipt: # _____
Date recommended by M / L Bowls: _____	Bowls Secretary: _____	
Date approved by board: _____	Member Number: # _____	
Club Secretary: _____		