



Calliope Central Bows Club Players Association Inc.



Bowls Membership Application Form

Title Mr / Mrs / Ms / Miss (Please circle)

(Please print) First Name: _____

Surname: _____

Address: _____

State: _____ P/C: _____

Postal Address: (If different to above) _____

Date of Birth: _____

Phone Number: _____ Mobile: _____

Email Address: _____

Are you already a member of another Bowls Club? Yes / No

If yes, please state the name of the club _____

(A clearance form is required from your existing club) Section – Ladies / Men (Please circle)

Have you ever won any Championship events? Yes / No

If yes, which events? _____

Applicant's Signature: _____ Date: _____

I hereby agree, if elected to become a member of Calliope Central Bows Club., to be bound by the Memorandum and Articles of Association and By-Laws of the Club. I acknowledge I have received a copy of the Association's 'Guidelines to Etiquette in the Sport of Lawn Bowls' and hereby agree to abide by its principles.

Bowls Member – Men \$110

Bowls Member – Ladies \$110

Dual Bowls Member \$50

Junior Bowls Member \$30

Nominated by: _____ Membership Number: _____

Seconded by: _____ Membership Number: _____

Secretary's Signature: _____ Calliope Central Bows Club Player's Association

Receipt Number: _____ Membership Number: _____ Amount Paid: \$ _____

Approved Date: _____ Form 2 Date: _____