IPSWICH BOWLS CLUB INC.

Ipswich Bowls Club Inc abides by Bowls Australia, Bowls Queensland & Cunningham District Bowls Association policies and guidelines and holds Public Liability insurance. If accepted for membership, I agree to comply with and be bound by the Constitution, Rules and By-laws of the Club and District Association.

Preside	nt Secretary
	Application for Full / Junior / Social Membership
Please print answers	
1.	Full Name
2.	Present Address
	Phone Mobile
3.	Email address
4.	Present Occupation
5.	Are you a member of a Bowls Club? Yes / No
6.	If yes, state name & address of Club/s
7.	Have you ever been a member of a Bowls Club? Yes / No
8.	If yes, state name & address of Club/s
9.	Qualifications held: Umpire: Yes / No Coach: Yes / No
	Master: Yes / No If yes, Singles / Pairs / Fours
	Have you in Queensland or elsewhere, been suspended, expelled or refused admission to any Bowls Club: Yes / No
11.	If yes, state name and address of such Club/s
12.	If you are or have been a member of a Bowls Club, have you fulfilled all financial obligations? Yes / No
13.	If yes, is clearance herewith? Yes / No
14.	Do you or did you hold any administrative position in a Bowls Club? Yes / No
15.	If yes, please list any such positions.
16.	If accepted as a member of this Club, do you intend to play bowls? Yes / No
	If elected to membership, I agree to comply with and be bound by the Constitution of the Club.
	I enclose Nomination Fee \$according to the Constitution of the Club.
19.	Emergency Contact: Phone:
Signatu	re of Applicant
	Annual Club membership including affiliation fees to Bowls Australia, Bowls Queensland and Cunningham District:
	\$ or pro rata Social Member \$
Beginne	ers Note: You must receive lessons from our Club Coaches prior to participating in Club organised games.
Nomina	ted by: (Full name)
Socond	od by: (Full name)
Jeconut	ed by: (Full name) Signature
Nomina	tion fee received by: Date: Date:
Date of	Acceptance: (Board of Management meeting)
Membe	rship Dues outstanding: \$