



COOLUM BEACH BOWLS CLUB

Personal Information:

Title _____ First Name: _____

Last Name _____

Address: _____

State: _____ Postcode: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Mobile Phone: _____

Home/work Phone: _____

Email: _____

Declaration:

Do you agree to this Nomination and, if elected, conform with the Constitution and By-Laws of the Coolum Beach Bowls Club Inc?

Yes / No

Signature of Applicant: _____

Date: ___/___/_____

PROPOSER & SECONDER MUST BE BOWLING MEMBERS

Proposer: (Please Print) _____

Signature of Proposer: _____

Secunder (Please Print) _____

Signature of Secunder: _____

Membership Fees must accompany this application. Applications will be considered by the Board of Management. Membership cards will be available for collection at the bar for approved members

IDENTIFICATION—STAFF Use Only

Type of ID _____

ID Number: _____

Expiry Date: ___/___/_____

STAFF use only:

Date Approved: ___/___/_____

Entered by: _____

Approved by: _____

