MAYFIELD BOWLING CLUB CO-OP LTD

DANGAR PARK

INGALL STREET, MAYFIELD. NSW. 2304

WEB MEMBERSHIP NOMINATION FORM

Date: / /	ALL FORMS MUST BE ACCOMPANIED BY THE RELEVANT FEES

THE APPLICANT IS REQUIRED TO COMPLETE THE DETAILS BELOW. IT IS IMPORTANT THAT WHERE THE APPLICANT IS OR HAS BEEN A MEMBER OF ANOTHER BOWLING CLUB, THEY MAY BE REQUIRED TO PRODUCE A CERTIFICATE OF CONFORMITY FROM THE OTHER CLUB. MEMBERS OF MAYFIELD BOWLING CLUB CO-OPERATIVE LTD, SUBJECT TO THE RULES AND BY LAWS OF THE ABOVE SOCIETY.

Please Print In Block Letters

FORNAME:	
SURNAME:	

FULL RESIDENTIAL ADDRESS

POSTCODE:

FULL POSTAL ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS

POSTCODE:

HOME PHONE NUMBER:	( )
MOBILE PHONE NUMBER:	
EMAIL:	
DATE OF BIRTH:	DAY: MONTH: YEAR:

MEMBERSHIP:	FEES:	√
SOCIAL	$ 5.00 PER YEAR	
BOWLING MEMBERSHIP		√
FULL MEMBERSHIP	$ 69.00 1st YEAR - $58.00 Subsequent Years Renewal	
PROVISIONAL	(PLEASE CONFIRM PRICES WITH STAFF)	
JUNIOR	(PLEASE CONFIRM PRICES WITH STAFF)	

DECLARATION (MUST BE COMPLETED)

ARE YOU OR HAVE YOU BEEN A MEMBER OF ANOTHER BOWLING CLUB ?	YES		NO	

IF YOU ANSWERED YES PLEASE STATE CLUB/S INCLUDE RNSWBA REGISTRATION NUMBER.

1.

2.

3.

HAVE YOU BEEN EXPELLED, SUSPENDED OR ASKED TO RESIGN FROM ANY CLUB ?	YES		NO	

IF YOU ANSWERED YES PLEASE STATE CLUB/S

1.

2.

3.

NOMINATORS (MUST BE FULL MEMBERS OF MAYFIELD BOWLING CLUB)

NAME:		MEMBERSHIP NUMBER:	
SIGNED:		YEARS KNOWN TO THE NOMINEE:	
NAME:		MEMBERSHIP NUMBER:	
SIGNED:		YEARS KNOWN TO THE NOMINEE:	

CERTIFICATE OF CANDIDATE

I HEREBY CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT AND I APPLY TO BE ADMITTED AS A MEMBER OF MAYFIELD BOWLING CLUB CO-OP LTD, AND, IF ELECTED, AGREE TO BE BOUND BY THE RULES OF THE SOCIETY.

SIGNATURE:	STAFF SIGNATURE:	AMOUNT PAID & RECEIPT NUMBER: $