



MAYFIELD BOWLING CLUB CO-OP LIMITED

DANGAR PARK INGALL STREET, MAYFIELD N.S.W. 2304

PHONE: (02) 4968 1761

NOMINATION FORM

The applicant is required to complete the details below. It is important to note that where the applicant is, or has been, a member of another Bowling Club, he/she may be required to produce a Certificate of Conformity from the other club.

Title: _____ Name: _____

Address: _____

Post Code: _____ Phone: (Home) _____ (Mobile) _____

Date of Birth: ____/____/____ Email address: _____

ID Type (Licence/Proof of Age/Pension/Seniors Card) _____ Number _____

The abovementioned is applying to become a (please tick the appropriate box)

Bowling Member Social Member Junior Member

of Mayfield Bowling Club Co-operative Limited, subject to the Rules and By-Laws of the above Co-operative.

The following information is required to be completed:

• Are you or have you ever been a member of another Bowling Club Yes No

If so please state the Club(s) Registration Number _____

and the RNSWBA Registration Number _____

• Have you ever been expelled, suspended or asked to resign from any club Yes No

If so please state the Club(s) _____

• Member of club to whom you are known _____

I hereby declare that the above particulars are correct. If my membership is approved I agree to be bound by the rules of the Co-operative.

Signature of applicant: _____ Date: _____

Nominators (must be bowling members)

1) Name: _____ Member #: _____

Known applicant for _____ years Signature: _____

2) Name: _____ Member #: _____

Known applicant for _____ years Signature: _____

OFFICE USE ONLY

ID confirmed by (Name & Signature) _____