

Nomination for Membership – Established in 1939

FORM

I Mr / Mrs /Miss /Ms
First/Given Name(s) *Last/Family Name*

Apply to become (please appropriate box)

Full Member Associate Member Junior Member Social Member

Of **Port Noarlunga Soldier's Memorial Bowling Green Inc.** I hereby agree to abide by the Constitution, By-Laws & Policies of the Club and of Bowls SA and Bowls Australia.

The elected Member information will be supplied to **Bowls SA/Region** for registration purposes.

Member details (name, address, telephone number) will be placed in the member's Telephone Book.

I was previously a member of Bowling Club

My status and position of playing was

I intent to play **Pennant Bowls**: (please circle) **YES / NO**

Address:

..... Post Code:

Postal Address: (if different to above)

Telephone: Home:..... Mobile: Email:

Occupation: Date of Birth: / /

Signature: Date: / /

(To be signed when membership is accepted)

Nominated By: Seconded By
Full Member *Full Member*

Elected at meeting on / / Member advised on / / Membership No:

Member's attention is drawn to Rules of the Club's Constitution: 6, 8, 11–16, 19–21, 23, 64 & By-Law No. 10 & 11.

Club Rooms: Hunt Reserve, River Road, Port Noarlunga, SA 5167

PO Box 6, Port Noarlunga, 5167

Email: gulls@adam.com.au

Telephone: 8382 4160