



# ASPLEY MEMORIAL BOWLS CLUB INC

Nemira Street, Carseldine PO Box 62, Aspley, 4034 Ph/: (07) 3263 2030 Fax/: (07) 3263 6458

Web page: <http://www.aspleybowlsclub.com.au> Email: [secretary@aspleybowlsclub.com.au](mailto:secretary@aspleybowlsclub.com.au)

Aspley Memorial Bowls Club has Public Liability Insurance of \$20,000,000

## APPLICATION FOR MEMBERSHIP

SURNAME.....GIVEN NAMES .....

ADDRESS.....POST CODE.....

PHONE.....(H).....(M).....

EMAIL.....

DATE OF BIRTH.....HUSBAND/WIFE/PARTNER'S NAME.....

Make application to join the  
**ASPLEY MEMORIAL BOWLS CLUB Inc**

As.....Ordinary Member ( ) Junior Member ( )

Please Indicate

- ( ) I have previously been a member of a bowls club in Queensland but membership has lapsed.
- ( ) I am new to Lawn Bowls and require coaching.
- ( ) I am currently a member of the .....Bowls Club.
- ( ) My clearance certificate is attached.

Please indicate how you wish your name tag to read.

(.....)

### **DECLARATION AND AUTHORISATION**

I declare that I am not, nor have ever been, under notice of suspension or expulsion from membership of any bowls association. I authorise the Aspley Memorial Bowls Club Inc and other bowls clubs (whether affiliated with Bowls Queensland, District Bowls Associations and Bowls Australia Inc) to exchange information at any time as to whether or not I hold current club membership, or about me relating in any way to my membership with this club, or any other bowls club (including but not limited to, previous suspensions, expulsion, conduct prejudicial to the interests, image or welfare of the club, Bowls Queensland, District Association) as to the game of bowls and the like.

I DECLARE THAT THE ANSWERS AND DETAILS GIVEN IN THIS APPLICATION FOR MEMBERSHIP ARE CORRECT AND I AGREE TO BE BOUND BY THE RULES AND BY-LAWS OF THE ASPLEY MEMORIAL BOWLS CLUB INC.

Signed.....Date: .....

Nominated by (Print).....Signature.....

Seconded by (Print).....Signature.....

The Nominator or the Seconder

**PLEASE PLACE COMPLETED APPLICATION FORM IN APPLICATION BOX IN SELECTORS OFFICE AND ADVISE THE CLUB SECRETARY ASAP**

Membership accepted by the ASPLEY MEMORIAL BOWLS CLUB INC

on .....

Secretary ..... Date: .....