

CMBC Membership Application Form

I hereby apply for membership of the Camden Men's Bowling Club Inc. subject to the constitution of the Royal New South Wales Bowling Association and the Constitution and Regulations of this Club. *Denotes mandatory fields to be completed

*Date:	*Surname:	*First Name:
Parent or Guardian	as name for junior members	(U18): Surname: First Name:
*Residential Addre	ess:	*Suburb:
*Post Code:	Phone Number:	* Mobile Number:
*Date of Birth:	Occupation: _	
*Email Address: _		
		Sports Club to ensure Licencing laws are complied with. whenever playing bowls at the club.
*Are you a member	er of another Bowling Club:	Yes / No Name of Club:
Have you ever bee	n a member of another Bow	ling Club. If so Name of Club
National Identity N	Number (NIN) if applicable:	
*Have you ever be	en suspended, expelled or a	sked to resign from any other licensed club: Yes / No.
Are you an accredi	ited Bowls Umpire, Coach?	Please state level and accreditation held:
*Please include my	y phone number where requ	ired for the information of other Members: Yes / No
*Induction docur	ment has been read and ac	ecepted: Yes / No
Accepted by Clu	ıb Coach: Name:	Signature:
*Signature of App	licant (The Parent or Guardi	ian named above to sign for juniors):
*Proposer:		Signature:
*Seconder:		Signature:
For Office Use O	nly	
Amount Paid:		Membership - Accept / Reject
Cheque Number (i	f applicable):	Receipt Number:
Processed By:		Date: