



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 Guardians name for junior members (U18): Surname: _____ First Name: _____

*Residential Address: _____ *Suburb: _____

*Post Code: _____ Phone Number: _____ * Mobile Number: _____

*Date of Birth: _____ Occupation: _____

*Email Address: _____

Note: New Members should join the Camden Sports Club to ensure Licencing laws are complied with. Non-Members of the Sports Club must sign in whenever playing bowls at the club.

*Are you a member of another Bowling Club: Yes / No Name of Club: _____

Have you ever been a member of another Bowling Club. If so Name of Club _____

National Identity Number (NIN) if applicable: _____

*Have you ever been suspended, expelled or asked to resign from any other licensed club: Yes / No.

Are you an accredited Bowls Umpire, Coach? Please state level and accreditation held: _____

*Please include my phone number where required for the information of other Members: Yes / No

*Induction document has been read and accepted: Yes / No

Accepted by Club Coach: Name: _____ Signature: _____

*Signature of Applicant (The Parent or Guardian named above to sign for juniors): _____

*Proposer: _____ Signature: _____

*Seconder: _____ Signature: _____

For Office Use Only

Amount Paid: _____ Membership - Accept / Reject

Cheque Number (if applicable): _____ Receipt Number: _____

Processed By: _____ Date: _____

Pay by Direct Debit to: BSB 802 388 Account: 47742 With member and your name in Ref.