Cooktown Bowls Club Inc. 129 Charlotte St PO Box 293 COOKTOWN QLD 4895 Phone: 07 4069 5819 Fax: 07 4069 5866

Email: info@cooktownbowls.com.au www.facebook.com/cooktownbowls.com.au

BOWLING MEMBER NOMINATION

Proposed member must be nominated by two (2) financial members

SURNAME:			
DATE OF BIRTH: / /			
RESIDENTIAL ADDRESS:	TA		
TOWN:	POST	CODE:	
POSTAL ADDRESS:			
TOWN:	POST	CODE:	
PHONE: (HOME) MO	BILE:		
EMAIL ADDRESS:			
Are you currently a member of another I	Bowls Club? □Y	'es □	No
Have you ever been a member of another Bowls Club? ☐ Yes ☐ No If YES please state the name of the Club:			
Do you intend to become an active bowl	er?	∕es □	No
PROPOSED MEMBER SIGNATURE			
By signing this form you acknowledge should membership be accepted you will be bound by the Constitution and By- Laws of the Cooktown Bowls Club. A copy of the Constitution and By-Laws are available from the Secretary on request.			
Nominated by:			
(Print Name)	(Signat	cure)	
Nominated by:			
(Print Name)	(Signat	ure)	
Annual Membership Fee: \$ New Bowler Fee: \$			
Affiliation fee as set by the State and National Bodies shall be payable as part of the annual membership fee shown above. Fees are due and payable on or before 30 September each year.			
CLUB USE ONLY			
Date and time nomination received:	Amount Paid: \$	Date Paid	l:
□ Accepted □ Rejected Date: Proposed Members Register Noted □			
Secretary Signature:			