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www.burrumheadsbowlsclub.com.au
ABN: 13 331 821 675

BOWLING MEMBERSHIP APPLICATION

FULL JUNIOR (Under 18) DUAL (non-declared) Please attach declaration form

SECTION 1: APPLICANT INFORMATION

Last Name:	First Name:	Gender: M / F
Date of Birth:	Phone: ()	Mobile:
Email:		
Residential Address:		
City:	State:	Postcode:
Mailing Address:		
City:	State:	Postcode:

SECTION 2: BOWLING INFORMATION

Are you a current or past full member of another Qld club? No Yes If yes, please attach a clearance form
Which Club? _____
Year _____

Are you a current or past full member of an interstate club? No Yes If yes, please attach a clearance form
Which Club? _____
Year _____

SECTION 3: DECLARATION

The information shown above is accurate to the best of my knowledge. By signing this application form, I agree to abide by the Club Rules and Code of Conduct.

Signature of Applicant:

Date:

SECTION 4: NOMINATION

Nominated by:	Signature:	Date:
Seconded by:	Signature:	Date:

IMPORTANT NOTICE TO APPLICANT: THE BURRUM HEADS BOWLS CLUB INC HAS PUBLIC LIABILITY INSURANCE OF \$20,000,000

SECTION 5: OFFICE USE ONLY

ID Required	Driver's License <input type="checkbox"/>	Passport <input type="checkbox"/>	Other Photo ID <input type="checkbox"/>	_____
Document Number:	Expiry Date:			
I have sighted ID document as above:	Staff Name:	Signature:		
Member Number:	Amount Paid:	Date:		