



ROBINA BOWLS CLUB

The Friendly Club

BOWLS MEMBERSHIP

APPLICATION FORM

Last Name _____ **First Name** _____
Preferred First Name _____ **Gender** _____ **Date of Birth** ____/____/____
Address _____ **Postcode** _____
Home Phone _____ **Mobile** _____
Email address _____
Occupation _____

Do you give permission for your contact number to be given out via our Members Phone List: Y / N

Are you currently a Financial Member of any other Bowls Club/s as a bowls member? Y / N -

If YES - Name of other Club/s: _____

If YES - Paid up to: _____

Are you transferring to Robina as a Full Member? Y / N (This means Club Robina will be your Primary Club)

Have you previously played bowls? Y / N Will you require coaching? Y / N

If you have not played previously or it has been some time since you have played, we recommend you undergo a series of coaching lessons (Free coaching is provided by our coaches on Thursday morning between 10am – 12 noon)

Have you at any time been suspended, expelled, or refused admission to any bowls club? Y / N

If Yes, please give details _____

Have you played Pennant in the last two years? Y / N

Have you won any Championships? Y / N If Yes, please give details: _____

Are you an accredited Coach? Y / N

Are you an accredited Umpire? Y / N

Please provide contact details of a person in the case of an emergency:

Name _____ **Contact number** _____

PROPOSER SIGNATURE _____ (please print name) _____

SECONDER SIGNATURE _____ (please print name) _____

If accepted as a bowling member, I agree to comply with and be bound by the constitution, rules and by-laws of the Robina Bowls Club Inc.
I understand that the membership fees are due and payable within 30 days of acceptance otherwise this application will become null and void.

APPLICANTS SIGNATURE _____ **DATED** ____/____/____
(Please make sure the date is entered)

This application must be registered with the Secretary prior to being displayed on the notice board for 14 days.

Please place this application form in the **"Bowls Secretary Box"** in the Games Room – Thankyou.

Office Use Only:

Name of Applicant: _____

Member Status: **Full Bowls Member (D or N/D) / IP**

Notice on Club Board Y / N date ____/____/____ to ____/____/____

Coaching required: Y / N started date ____/____/____

Coaching Completed Y / N date ____/____/____

Emailed to Committee for approval: Y / N date ____/____/____

Application approval: Y / N date ____/____/____

Approval letter sent to Applicant: Y / N date ____/____/____

TOTAL OF FEES TO BE PAID: YEARLY (Jul-Jun) \$ _____ Half-Yearly (Jan-Jun) \$ _____

Full fees paid Y / N date ____/____/____ via Cash / EFTPOS / Direct Debit

After Fees have been paid:

Enter Member onto the Bowlslink On-line Database: Y / N date: ____/____/____

Bowlslink Number: # _____ Temporary Password _____

Enter Member onto the Members Spreadsheet Database: Y / N date: ____/____/____

Enter Member onto the Email and Phone List: Y / N date: ____/____/____

Membership Card printed by Club Helensvale (bar staff) Y / N date: ____/____/____

Club Shirt Issued: Short/Long Sleeve Size: ____ Y / N date: ____/____/____ via Cash / EFTPOS

Competitor Shirt Issued: Short/Long Sleeve Size: ____ Y / N date: ____/____/____ FOC-IP

ROBINA BOWLS CLUB INC.

ABN: 58 112 659513

263 Ron Penhaligon Way,

PO BOX 27, ROBINA QLD 4226

P: 07 5593 1011

E: robinabowls4226@outlook.com

www.clubrobina.com.au