

LYALL BAY BOWLING CLUB Inc.

NOMINATION FOR MEMBERSHIP WE THE UNDERSIGNED WISH TO NOMINATE AS A FULL PLAYING, or ASSOCIATE MEMBER ONLY (Please delete ONE)

Please print in block letters:

_____ Mobile phone _____

ADDRESS (Res.) _____ Telephone _____

(Bus) _____ Telephone _____

Occupation _____ E-Mail Address _____

Contact Person _____ Address _____

Have you played Bowls before? YES - NO (Please delete ONE)

Name of previous clubs _____

Number of years played _____ Grade in previous club _____

I have known the nominee for _____ years

Name of Proposer _____ Signature _____

Name of Seconder _____ Signature _____

Date _____

IF MY NOMINATION IS ACCEPTED, I AGREE TO UNDERTAKE THE FOLLOWING: -

1. To become actively involved in playing Lawn Bowls. (Not required for Social Member).
2. To become fully conversant in the Rules and Constitution of Lyall Bay Bowling Club.
3. To maintain a correct standard of dress and behaviour at all times on the Club premises.
4. To become involved in the maintenance and/or administration of the Club where possible.
5. At all times abide by the rulings of the Club President and the Club Executive.

Signed _____ Date _____

In terms of the Privacy Act 1993, the names, addresses and telephone numbers of members, will be included on membership lists. These may be displayed in the Clubhouse and/or circulated to other members. They may be forwarded to the Bowls Wellington and Bowls New Zealand, for record and sponsorship purposes.

I agree to the above conditions _____ I disagree _____ please initial ONE