



Headland Pacific Sports Club

Application for Membership

| | | | |
|--|----------|---|---------------|
| Surname | | Given Names | |
| Residential Address | | | |
| Suburb | Postcode | Phone | Mobile |
| Email | | Occupation | Date of Birth |
| Headland Pacific Sports Club holds a current Public Liability Insurance Policy to the value of \$20 million. | | | |
| Permission is granted to record my phone contact in a Club Directory. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| I am transferring from I have attached my clearance. | | | |
| Have you fulfilled all financial obligations to previous clubs? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Qualifications | Umpire | Yes <input type="checkbox"/> No <input type="checkbox"/> | Coach |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| I declare my Primary Club as Headland Pacific Sports Club. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| I declare that I am not currently under Notice of Suspension from any Bowls Club or Bowling Association and I authorise the Headland Pacific Sports Club and any other affiliated Bowls Club or the relevant district, state and national association to exchange information about me relating in any way to my membership of the club or any other properly affiliated club or association. This includes the above personal details which may also be distributed to any reciprocal club on request.. | | | |
| I agree to comply with and be bound by the Constitution and Bylaws of the club. | | | |
| Signed | | Date | |
| Nominated by: | | Signature: | |
| Seconded by: | | Signature: | |

Office Use Only

Date Received: Date Accepted:

Please Note: Beginners must have lessons from a Club Coach before participating in Club Games.