



Gisborne & District Bowling Club

PO Box 142, Gisborne Vic 3437
Email: secretary@gisbornebowlsclub.com

Membership Application

Personal Details

Full Name: _____

Date of Birth: _____ Partner's Name: _____

Street Address: _____

Postal Address (if different): _____

Telephone: Home: _____ Mobile: _____ Email: _____

Current Occupation: _____

Past Occupation/s: _____

Next of Kin: _____ Relationship: _____ Phone: _____

Date first joined Club: _____ Subsequent Period/s not a member: _____

Type of Membership (tick box next to your selection)

FULL MEMBER ☐

JUNIOR MEMBER ☐

SOCIAL MEMBER ☐ (NON-BOWLER)

Other Club Memberships (where clearance required)

	Club	Date Joined	Date Terminated	Reason for Termination
Current				
Within last 10 years				

Applicant Signature & Privacy Declaration

I agree to the transmittal of the Personal Details contained on this form to be used for local and State sporting organizations for player registration.

Furthermore, I do /do not (circle preferred option) authorize the Club to publish my name and telephone number in a list of club members.

Signed: _____ Date: _____

Proposer and Seconder

PROPOSER: Name: _____ Membership Number: _____ Signature: _____ Date: _____	SECONDER: Name: _____ Membership Number: _____ Signature: _____ Date: _____
---	---

OFFICE USE ONLY

Accepted: Yes / No Date Accepted: ____ / ____ / ____ Membership No: _____

Amount Paid: \$ _____ Date Paid: ____ / ____ / ____

Qualifications, Certificates, Skills, & Experience

Please indicate you areas of expertise or experience (both current and past)

Note: providing this information is optional, but is requested to allow the Club to identify members with skillsets that might be useful for the Club.

- | | |
|---|--|
| <input type="checkbox"/> Accounts Payment & Receipts/Finance/Accounting | <input type="checkbox"/> Gardening or Landscaping |
| <input type="checkbox"/> Administration | <input type="checkbox"/> General maintenance & repairs |
| <input type="checkbox"/> Bar Work | <input type="checkbox"/> Home Duties |
| <input type="checkbox"/> Bowls Management | <input type="checkbox"/> IT/Systems and Processes/websites |
| <input type="checkbox"/> Business Planning and Development | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Carpentry/Building | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Management |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Membership Management and Recruitment |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> First Aid/Medical | <input type="checkbox"/> Risk Management/Security |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sports Coaching |

☐ Other (Please detail): _____

Other Details

Please indicate if you hold any of the following certificates:

- ☐ Responsible Serving of Alcohol ☐ Working With Children ☐ Food Handling ☐ First Aid

Would you like to provide voluntary assistance to the Club? ☐ Yes ☐ No