

NEW LAMBTON BOWLING CLUB – MEMBERSHIP APPLICATION (Please **Print**)

I, (Given Names)		(Family Name)			
Address	Sul	burb:	Postcode:,		
Date of Birth:(NLBC), request you enter my constitution and by-laws.					
Telephone: Home:	Mob:		Email:		
Emergency Contact Person (ECP):		ECP Phone No:			
Current / Previous Bow Memberships	•	ears/	Bowls Grading	Bowls Australia NIN	
Have you ever been suspend	ed from another c	lub?			
If yes, please give details					
Are you a full member of We	sts Newcastle?	We	sts Membership Numbe	er:	
Do you satisfy the Membersh	ip Criteria as show	vn on the N	Notice Board?	_	
If Yes, please list which of the	criteria you meet	·•			
I acknowledge that in order criteria as shown on the Club		ber of the	NLBC I must satisfy one	e of the published	
Dated this day of	, 20	Signa	ture:		
TO BE	COMPLETED BY 2 FUL	L MEMBERS	OF NEW LAMBTON BOWLIN	G CLUB	
We wish to nominate to Membe	ership the above app	olicant, kno	wn to us, to become a Mei	mber of NLBC:	
Nominator:	Signed:				
Cocondor		Ciano	١.		