



DATE

APPLICATION FOR MEMBERSHIP OF THE
MELBOURNE CRICKET CLUB BOWLS SECTION INC.

Membership Type: MCC Member - Membership File Number
 MCC Playing Member – MCC Nomination File Number
 Bowls Section Member

Surname **Given Names**

Known as (John/Jack - Elizabeth/Liz) **Title**

Private Address
 **Post Code**

Business Address
 **Post Code**

Date of Birth:/...../..... **Occupation:**

Phone:
 Private Business Mobile

Email:

I hereby agree, if elected, to be bound by the Rules and Regulations of the Section. In the event of there not being a vacancy at the date of this application I request that my name be placed on your waiting list pending election.

Signed

Please complete the questions on the reverse of this form.

This application requires completion below by two Members of the MCC Bowls Section Inc. as Nominator and Seconder on behalf of the applicant:-

NOMINATOR:

SECONDER:

Name

Name

I have known the applicant for years
 and hereby nominate him / her* for
 Membership of MCC Bowls Section

I have known the applicant for years
 and hereby second him / her* for
 Membership of MCC Bowls Section

Signed

Signed

* Cross out whichever is not applicable.

Are you a relative of a MCC Bowls Section Member? Yes/No *

If "Yes" Who?

Are you on the waiting list for membership of the MCC? Yes/No *

If "Yes" File No

Have you been / or are you a member of any sporting section of the MCC?

Yes/No *

If "Yes"

What Section/s

What level of participation

Previous Bowls Experience:

Clubs

Pennant Rating Div..... Position

Other Performances:

.....

.....

Do you hold Bowls Accreditation?

Coach Yes/No * Accreditation Expiry Date / /

Umpire Yes/No * Accreditation Expiry Date / /

Measurer Yes/No * Accreditation Expiry Date / /

OPTIONAL

EMERGENCY CONTACT

Name –

Phone –

* Cross out whichever is not applicable.