



*Proud Community Sponsor*

## Application for Bowling Membership

We hereby nominate (full name)

.....  
**To be a member of the Bundoora RSL Bowling Centre** (tick membership type)

**Service Bowling Member**    
 **Affiliate Bowling Member**    
 **Social Bowling Member**   
**Junior Bowling Member**    
 **Social Non-Bowling Member**

**Proposer:** ..... **Seconders:** .....  
 PRINT PRINT  
 .....  
 SIGN SIGN

**Personal Details:**

**Address:** .....

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

**T/Phone:** ..... **Mobile:** ..... **Email:** .....

**Bowling Member**

Are you currently a member of Watsonia RSL: **Yes**  **No**  Membership Number: .....

Are you or have you at any time been a member of another bowls club? **Yes**  **No**

IF YES – give name(s) of club(s): .....

Did you hold any administrative office? **YES**  **NO**  IF YES give Positions: .....

**Pennant Experience:** **Division last played:** ..... **Position:** ..... **Years Exp:** .....

Have you provided your clearance? **YES**  **NO**   
 Are you an accredited umpire? **YES**  **NO**   
 Are you an accredited coach? **YES**  **NO**   
 Have you won championships? **YES**  **NO**

**IF YES give details:** .....

I hereby agree to become a bowling member of the Bundoora RSL Bowling Centre and to be bound by the Constitution, Rules and By-Laws of the club for the time being in force.

**Applicants signature:** ..... **Date:** / /



## Claim of Qualification for Service Membership

I served in the Armed forces of Australia: Y/N Other Country.....

Army  Navy  Airforce  Merchant Navy  Police UN Service

Service Number: ..... Rank at Discharge: .....

Units/Ships: ..... Branch of Service: .....

Enlistment Date: / / Discharge Date / /

Details of Service History: .....

Permanent Forces:  Reserve:  DVA Number (optional) .....

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### Claim of Qualification for Affiliate Status:

Name of person who is a Service or Life member or a person who at time of death was eligible to be a league member: .....

Family Relationship (Spouse,Child,Parent,Uncle ETC) .....

Eligible Person's Service Details: .....

State Branch membership Number: .....

Eligible Person's signature or date of Death : .....

Person awarded Certificate of Merit or Appreciation from the RSL: .....

Police, Ambulance, Fire Brigade and SES – Please specify: .....

#### **TO THE STATE SECRETARY:**

Application is hereby made for the issue of an Affiliate Member's badge and I understand that the badge is not transferable and will be given up should I cease to be a Financial Affiliate Member of an R.S.L. Sub-branch.

Previous Affiliate Member YES  NO

Signature of Applicant .....

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#### **Transferring member**

Current Sub Branch: .....

State Branch Number: ..... RSL Badge Number .....

State Secretary Authorisation: ..... Date: / /

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#### **Watsonia RSL Membership Office Use Only:**

Membership Number: ..... Approved by Secretary (Watsonia): .....

Amount Paid ..... cash / chq Receipt No .....

Staff Member ..... Date Processed / /

Additional Comments .....

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**Bundoora RSL Bowling:** Initial Application rec'd \_\_\_\_\_ Application approved by Secretary and \_\_\_\_\_  
**Centre use only** faxed to Watsonia for invoicing

