

Chair: Shane Johnstone
P.O Box 212 Booval Fair 4304

Secretary: Bob Proctor
Email: info@p7s-qld.com

Tournament Director: Bob Proctor
www.P7s-qld.com



Seven's Application for Membership

Full Name of Applicant:

Residential Address:

Email Address:

Telephone: (H)(Mobile)

Date of Birth:

Are you at present a member of a Bowls Club? Yes No

If 'Yes' please indicate name of Club.

**If you are at present a member of another Bowls Club, or if you have previously been a member of a Bowls Club, have you fulfilled all financial obligations? Yes / No

Qualifications held. * Umpire Yes No * Measurer Yes No

* Coach Yes No * Introductory Coach Yes No

* Masters Yes No

If 'Yes,' Singles Pairs Triples Fours

I hereby state that the answers to the above are correct and if elected to Membership, I agree to comply with and be bound by the Constitution, Rules and By-Laws of the Q7s-QLD INC.

Date of Application

Applicant's Signature

Nominated by Signature.....

Seconded by Signature