



Fendalton Bowling Club Inc.

Christchurch, New Zealand

Nomination for Membership

I hereby make application to become a member of the Fendalton Bowling Club.

FULL / MIDWEEK / FIRST YEAR / JUNIOR / SOCIAL (Circle one)

Preferred Name _____

Address _____

_____ Post Code _____

Telephone Number _____ Mobile _____

Email Address _____

Occupation _____ Date of Birth _____

Previous Bowling Club _____ Playing Position _____

Clearance Certificate from Previous bowling club enclosed YES / NO

I agree to abide by the Rules and Regulations of the Club.

Signature _____ Date _____

Introduced and Proposed by: _____

Seconded by: _____

Member's personal details (Name, address and phone number) will be included on Membership lists. Under our affiliation to Bowls New Zealand those personal details will also be forwarded to both Bowls Canterbury and Bowls New Zealand. This does not contravene the Privacy Act and you may receive information regarding bowls from time to time.

PLEASE RETURN TO: THE SECRETARY, 28B MAKORA ST, FENDALTON, CHRISTCHURCH 8041

For further information please contact the Secretary, Diane Shepard, Phone 383 0070.