



Nomination Form:

PLEASE PRINT:

Title: _____ Name: _____ Surname: _____

Full postal and residential address: _____

Postcode: _____

Email address: _____

Home phone number: _____ Mobile Number: _____

Date of birth: Day: _____ Month: _____ Year: 19____

Desires to become a (please **TICK** the appropriate classification)

Membership:

Social	\$5	
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Bowling Membership:

Bowling	\$65 (inc NDBA, Royal & KBC fees)	
Multiple Bowling	\$45 (inc NDBA, Royal & KBC fees)	
Junior Bowling	\$40 (inc NDBA, Royal & KBC fees)	
Multiple Junior Bowling	\$30 (inc NDBA, Royal & KBC fees)	

Members of Kahibah Bowling Club Co-operative Limited, subject to the Rules and By-Laws of the above Co-operative.

Are you a member of an affiliated Club (e.g. Sports Group)? If so, please state the Club: _____

NOMINATORS:

(Who must be **ORDINARY MEMBERS** of Kahibah Bowling Club Co-operative Limited)

Name: _____ Membership Number: _____

Signature: _____ Years known the Nominee: _____

Name: _____ Membership Number: _____

Signature: _____ Years known the Nominee: _____

Kahibah Bowling Club Co-operative Limited is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this Nomination Form may be used for marketing purposes in an effort to improve our services and to provide you with the latest information about our Club's services and facilities.

If you do not wish to receive such information please tick this box.

Certificate of Candidate:

I hereby certify that the above particulars are correct and I apply to be admitted as a member of Kahibah Bowling Club Co-op Ltd, and, if elected, agree to be bound by the rules of the Co-operative.

Signature: _____

Staff signature: _____ Date: _____ Amount paid: _____

Driver's Licence Number: _____ Expiry Date: _____

Photo Card/Passport Number: _____

ABN 52 069 232 319

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