

NEW LYNN BOWLING CLUB INCORPORATED

3 Reid Road, New Lynn Auckland, New Zealand
P O Box 15 418 New Lynn

I,hereby nominate the undersigned
(Name of Proposer)
for Membership of the **NEW LYNN BOWLING CLUB INCORPORATED.**

Full Name of Nominee.....

Address.....

.....

Telephone Home..... Business..... Fax.....

Mobile..... e mail.....

Occupation.....

Class of Membership (Indicate the Class of Membership)

- | | | | |
|---------------------|-------|----------------------------------|-------|
| Full Playing Member | | Full Playing Member (First Year) | |
| Collegiate Member | | Associate Member | |
| Social Member | | | |

Year of Commencement of playing Bowls.....Last Grading.....

Signature of Proposer.....

I,hereby second the above nomination.
(Name of Seconder)

Signature of Seconder.....

I,hereby confirm that the application is made in good faith
(Name of Nominee)
and I accept nomination to Membership of the New Lynn Bowling Club Incorporated. I agree that if admitted to Membership that I shall be bound by the Constitution and Regulations of the New Lynn Bowling Club Incorporated.

I also acknowledge that in terms of the Privacy Act 1983 my name, address, telephone number(s), fax number(s), mobile phone number(s) and e mail address(es) may be included in the Club's Membership List which may be displayed at the Club's premises and/or circulated to other Members and may be forwarded to the Auckland Bowls and Bowls New Zealand for record and/or sponsorship purposes.

I was previously/am currently a Member of theBowling Club and I attach a Clearance Certificate from that Club as required by Rule 8.4 of the Bowls New Zealand Constitution.

Signature of Nominee.....