

**NANAIMO LAWN BOWLING CLUB  
MEMBERSHIP APPLICATION 2018**

**APPLICANT INFORMATION**

Last Name:		First Name:	
Age:	0-12   13-17   18-25   26-54   55-74   75+   (circle one)	Phone:	
Email:		Cell:	
Current address:			
City:	Prov:	Postal Code:	

**EMERGENCY CONTACT**

Name of a Contact:		
Relationship:	Phone:	Cell:

**FEES**

<b>Select one of the 5 memberships levels below:</b>		<b>Note:</b> In accordance with NLBCs By-laws Part 2, Item 3(b), <b>Membership fees are non-refundable</b>
Full Membership	<b>\$127.00</b>	Fees include membership of Bowls BC (with liability insurance coverage) and Affiliation Fees for District.
Junior Membership (under 19)	<b>\$42.00</b>	
VIP Membership	<b>\$42.00</b>	All members actively bowling must pay Bowls BC (\$32) and Affiliation Fees (\$5).
Social Membership	<b>\$15.00</b>	
Associate Membership	<b>\$90.00</b>	<b>Home Club:</b> _____ (Associate members pay Bowls BC and Affiliation Fees through membership at home club. Proof of membership required.)
Method of Payment:	Cheque or Cash	Receipt # _____ [for office use only]

**CLUB INVOLVEMENT**

Are you willing to volunteer?	Yes / No	Year Joined Club _____	Years bowled _____
Club Coach <input type="checkbox"/>	Competition Coach <input type="checkbox"/>	Certified Marker <input type="checkbox"/>	Umpire <input type="checkbox"/>
Greens <input type="checkbox"/>	Kitchen <input type="checkbox"/>	Current Volunteer <input type="checkbox"/>	
Criminal record check on file (Coaches and those involved with Youth/VIP) <input type="checkbox"/>	Position played 2017 _____	Capacity _____	

**SIGNATURE**

I understand that the information above will be forwarded to Bowls BC for membership purposes only. I authorize the Nanaimo Lawn Bowling Club to use the information on this form to contact me about lawn bowling events. I authorize my name and phone number to be published on a membership phone directory. As a member of Nanaimo Lawn Bowling Club, I agree to uphold the Constitution and abide by the By-laws of the said Club.

Signature of applicant:	Date:
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