



MEMBERSHIP & CHANGE OF ADVICE FORM FOR FEMALE MEMBERS SEASON 2010/2011

Please complete this form for female members & send with applicable capitation fee to your District Secretary.

NOTE: Complete one form per person (using BLOCK LETTERS)

NAME: _____
(First name) (Surname)
ADDRESS: _____ SUBURB: _____
POST CODE: _____ TELEPHONE: _____ D.O.B. ___/___/___
If applicable: Umpire badge no. - _____ Exp date: ___/___ Coach no. - _____ Exp date: ___/___

JUNIOR MEMBERS DATE OF BIRTH: (If under 18) _____

Primary Club for Championships : _____
Club for Midweek Pennant: _____
Club for Saturday Pennant : _____

PLEASE CIRCLE relevant information:

- a) New Member b) Member Deceased
- c) Member change of name. New name: _____
- d) Member change of address. New address: _____

Post Code: _____ Telephone: () _____

- e) Member cleared for transfer from _____ Club
to _____ Club within the State of Victoria

Currently Affiliated Yes / No (Please circle)

- f) Member transferring to an interstate Club. Name of new Club: _____ State: _____
- g) Member transferring from an interstate Club. Name of previous Club: _____ State: _____

PRIMARY CLUB Secretary to sign: _____

Name of Primary Club: _____ Date: _____

DISTRICT Secretary to sign: _____ DLBA Date: _____

NEW CLUB Secretary to sign: _____

Name of New Club: _____ Date: _____

DISTRICT Secretary to sign: _____ DLBA Date: _____

The above information is required by Bowls Victoria-VLBA to provide members with affiliation services in accordance with their objects. Members will be able to access their information through Bowls Victoria upon reasonable request.