

Confidential Personal Details

For emergency purposes only, list any medical conditions that the club should be made aware of (privacy assured):

Allergies: _____

In case of accident or emergency at the club:

Emergency Contact Person 1: _____

Phone No: _____ Relationship to you: _____

Emergency Contact Person 2: _____

Phone No: _____ Relationship to you: _____

BDBC use:(Proposers & Seconders – please check that all details are legible)

We _____ and _____
(Proposer) (Seconder)

being financial full or life members of Burwood District Bowls Club Inc. PROPOSE and SECOND the nomination of this applicant who to our belief is a suitable person to be elected a member of this club.

Signature _____ Date _____

Signature _____ Date _____