CLEARANCE & REGISTRATION TRANSFER APPLICATION

BOWLS NEW SOUTH WALES

SEND BY: FAX- 9283 4252, EMAIL- rnswba@rnswba.org.au or MAIL-PO Box A2186 Sydney South, NSW 1235

PART A - DETAILS OF PLAYER – to be completed by Player

Bowls NSW ID#:	Date of Birth:
Surname:	Given Names:
Address:	
Email:	
Home Phone:	Mobile Phone:
Current Pennant Grading:	Year Last Played Pennants:
Has the player been registered at any NSW Bowling Club in the past 12 months:	
Has the player been Financial at any NSW Bowling Club in the past 12 months:	

Accreditation Details	Umpire	Coaching
Accreditation Number (NOAS/NCAS)		
Level of Accreditation		

Name of CURRENT DECLARED CLUB: (PRINT FULL CLUB NAME)	
Name of NEW DECLARED CLUB: (PRINT FULL CLUB NAME)	
Signed by Player:	Date:

PART B-CLUB DECLARATION -to be completed by Current club (Club transferring FROM)

I certify that the details above are, to the best of my knowledge, correct. The above mentioned player has fulfilled all of his financial obligations to the Club, is not under an order of suspension or expulsion and has not resigned his membership because of disciplinary proceedings under Bowls NSW Regulation 8.

Authorised By:	Bowls NSW ID#
Position	Signed:

PART C - MEMBERSHIP TRANSFER APPLICATION – to be completed by NEW DECLARED CLUB (Club transferring TO)

New Declared Club Name:		Club No.
Date Joined Club:		Club Year End:
Member Type: (please Tick)	Full ☐	Junior ☐

PAYMENT/BANKING DETAILS – To be paid upon APPLICATION by NEW DECLARED CLUB

BSB & Account #	06218-10326652	Ref: "Members Name"	Club No.	
Amount Payable:	$25 (inc GST)	Payment Method: (please tick) ☐ CHEQUE OR ☐ EFT		

PLEASE NOTE: No additional 'Application for Registration' form is required
Part C of this application form acts as the Application