

Queensland Indoor Bowling Association Inc
ASSOCIATION AFFILIATION FORM

1 April 20_____ to 31 March 20_____

DATE THIS FORM IS SUBMITTED ____/____/____

PLEASE NOTE THAT ALL MEMBERSHIPS & INSURANCE COVERAGE CEASES ON 31 MARCH EACH YEAR AND IS RENEWED AT THE DATE OF RECEIPT OF PAYMENT FOR THE COMING YEAR

Association Name		
Contact	Name	
	Address	
	Phone	
	Email	

Please indicate your preferred correspondence method: Mail (Australia Post) Email

Association Committee:

PRESIDENT Phone:

SECRETARY Phone:

TREASURER Phone:

Other Committee Members:

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AFFILIATED CLUBS

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TOTAL REGISTRATIONS

LADIES		TOTAL MEMBERS	MEMBERS @ \$_____ EACH (as set at AGM)	\$
GENTS			AFFILIATION (as set at AGM)	\$
JUNIORS			RESTRICTED EVENTS (if any paid for)	\$
TOTAL AMOUNT INCLUDED				\$
Deposit to bank account OR Cheque #				Date Paid