



BOWLS QUEENSLAND - FORM 2
MEMBERSHIP RETURN FOR ALL MOVEMENTS OF MEMBERS
TO BE SUBMITTED EACH MONTH INCLUDING NIL RETURNS

Membership Type: F- Full; L- Life; J- Junior; ND - Non Declared

CLUB NAME:	DISTRICT:
RETURN FOR MONTH OF	
YEAR 20_____	

Action Codes: (N) New; (TI) Transfer In; (ITI) Interstate Transfer in; (IPD) Interstate Pennant Declaration; (RJN) Rejoined; (D) Deceased; (R) Resigned; (RI) Reinstated; (AR) Alter Record; (NF) Non Financial; ** (S) Suspended; ** (EX) Expelled
 ** BQ to be notified in writing as well as on this Form 2

USE BLOCK LETTERS ONLY

Bowls Qld Number	Surname	Given Names	D.O.B.	Address & Post Code	M'ship Type	Action Code	Date of Effect
1)				P/C			
2)				P/C			
3)				P/C			
4)				P/C			
5)				P/C			
6)				P/C			
7)				P/C			
8)				P/C			
9)				P/C			
10)				P/C			

BQ - Office Use Only

Actioned by: _____

Dated: ___/___/___

Club Secretary _____ Contact Numbers: _____

Name: _____ Daytime: _____

Signature: _____ Mobile: _____

Note: Administration fees owing under by-law 8.1 will be invoiced to your club. Pro-rata affiliation fees will also be invoiced.

DO NOT INCLUDE PAYMENT WITH THIS FORM 2

MEMBERSHIP TOTAL _____

As at ___/___/___

Email completed form to: membership@bowlsqld.org as well as your local District Association