

Deletion of Registration



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

- This form is to be used if a person ceases to be a Bowling Member of a club and/or requests to be deleted from the Bowls NSW register as an Individual Member or Registered Player of Bowls NSW.

Club Name:	Club No:	Date:
Authorised By:		Bowls NSW ID#:
Position:	Signed:	

Bowls NSW ID#	Surname:	Given Names:
Reason For Deletion:	<input type="checkbox"/> Other (Please Specify):	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Loss of Interest	<input type="checkbox"/> Relocated to Another Club
<input type="checkbox"/> Did Not Renew Membership at Club/Unfinancial	<input type="checkbox"/> Poor Health	<input type="checkbox"/> Non-Bowling Member
<input type="checkbox"/> Full Member	<input type="checkbox"/> Junior Member	

Bowls NSW ID#	Surname:	Given Names:
Reason For Deletion:	<input type="checkbox"/> Other (Please Specify):	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Loss of Interest	<input type="checkbox"/> Relocated to Another Club
<input type="checkbox"/> Did Not Renew Membership at Club/Unfinancial	<input type="checkbox"/> Poor Health	<input type="checkbox"/> Non-Bowling Member
<input type="checkbox"/> Full Member	<input type="checkbox"/> Junior Member	

Bowls NSW ID#	Surname:	Given Names:
Reason For Deletion:	<input type="checkbox"/> Other (Please Specify):	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Loss of Interest	<input type="checkbox"/> Relocated to Another Club
<input type="checkbox"/> Did Not Renew Membership at Club/Unfinancial	<input type="checkbox"/> Poor Health	<input type="checkbox"/> Non-Bowling Member
<input type="checkbox"/> Full Member	<input type="checkbox"/> Junior Member	

Bowls NSW ID#	Surname:	Given Names:
Reason For Deletion:	<input type="checkbox"/> Other (Please Specify):	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Loss of Interest	<input type="checkbox"/> Relocated to Another Club
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<input type="checkbox"/> Full Member	<input type="checkbox"/> Junior Member	

Bowls NSW ID#	Surname:	Given Names:
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<input type="checkbox"/> Did Not Renew Membership at Club/Unfinancial	<input type="checkbox"/> Poor Health	<input type="checkbox"/> Non-Bowling Member
<input type="checkbox"/> Full Member	<input type="checkbox"/> Junior Member	

Please send a copy of the form to Bowls NSW and your District / Zone.