

Application for Interstate Clearance



A player wishing to transfer from their current primary club in one State or Territory Association (STA) to a new nominated club in another STA should complete the form below and apply to the STA which the player is transferring from.

Until such clearance lodged with and accepted by the original STA, the player shall not be eligible to play in any competition controlled by their current or new STA or controlled by Bowls Australia.

PLEASE SEND THIS COMPLETED FORM TO THE STATE OR TERRITORY ASSOCIATION WHICH YOU ARE TRANSFERRING FROM

DETAILS OF PLAYER:

Surname: _____
Given Name(s) _____ STA ID# _____
Club Transferring From: _____
Club Transferring To: _____
State Transferring To: _____

PLAYING DETAILS:

During the _____ season bowling season the member has played in the following events:

| <u>Event</u> | State (District/Zone) Championships | Club Championships |
|--------------|--|-------------------------------|
| Pennants: | <input type="checkbox"/> | <input type="checkbox"/> |
| Singles: | <input type="checkbox"/> | <input type="checkbox"/> |
| Pairs: | <input type="checkbox"/> | <input type="checkbox"/> |
| Triples: | <input type="checkbox"/> | <input type="checkbox"/> |
| Fours: | <input type="checkbox"/> | <input type="checkbox"/> |

ACCREDITATION DETAILS:

The member holds the following accreditation/s:

| <u>Details</u> | National Umpire | National Coach |
|--|--------------------------|--------------------------|
| Accreditation Number (Certificate / NCAS): | <input type="checkbox"/> | <input type="checkbox"/> |
| Level: | _____ | _____ |
| Expiry Date: | _____ | _____ |
| Date Accredited: | _____ | _____ |

DECLARATION BY CLUB TRANSFERRING FROM

I certify that the details above are, to the best of my knowledge, correct. The above-mentioned member has fulfilled all of their financial obligations to the Club, is not under an order of suspension or expulsion and has not resigned his/her membership because of disciplinary proceedings.

Signed – Secretary Club Transferring from _____ Printed _____ Date _____

STATE/TERRITORY USE ONLY

The member listed above is: **APPROVED** **NOT APPROVED** for an Interstate clearance

Signed: _____ Date: _____

