



APPLICATION FORM

INDEPENDENT BOARD MEMBER 2025

NAME

Name in full: _____

Phone number/s: _____

Email: _____

Occupation: _____

Signed: _____

Important:

PLEASE ENCLOSE A COVERING LETTER SUMMARISING YOUR BUSINESS / BOWLS EXPERIENCE / SPORTS GOVERNANCE FOR SUBMISSION TO THE APPOINTMENTS PANEL.

REFEREES:

1. Name: _____

Email: _____

Phone number/s _____

2. Name: _____

Email: _____

Phone number/s: _____

IMPORTANT NOTE:

Please return by Thursday 15th May 2025 to dean@bowlsauckland.co.nz