 **MEMBERSHIP APPLICATION FORM**NAME: MR / MRS / MS / MISS ………………………………………………………………………………………………………………..  
DATE OF BIRTH: …………………………………………  
  
ADDRESS: LINE 1 ……………………………………………………………………….........................................................................  
TOWN/CITY: ……………….…………………………..………. STATE: …………………. POSTCODE: ………….................

EMAIL: ………………………………………………………………………………………………………………………………………………………………….  
PHONE HOME: …………………………………………..…... PHONE MOBILE: ………………………………………….………..  
  
  
Membership Category Applying For: (Please Tick)  
  
 Full Bowling $115 Men $105 Ladies Full Social $50.00   
  
 Social 1yr $12.00 5yr $50.00 Junior   
  
  
  
Are You a Member of another Club, if yes please state which……………………………………………………….…  
Have you ever had your membership suspended from any other club? Yes / No  
If yes, please specify the Club and the duration of the suspension……………………………………………….  
  
  
  
  
Please Sign here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Only Full Bowling Members may propose and second new members  
  
Proposer…………………………………………………………. Date ………………………….. Member Number …………………….  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Seconder ………………………………………………………. Date ………………………….. Member Number …………………….  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_