 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_