



# Application For Membership

MR / MRS / MISS / MS SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

MALE/FEMALE ( PLEASE CIRCLE) DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

POSTAL ADDRESS: (if different) \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ Occupation \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE: (BUS) \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you wish to receive a copy of the Financial Report? YES / NO

By Mail

By Email  please ensure email address is supplied above.

**MEMBERSHIP STATUS REQUIRED (Please tick appropriate box)**

- SOCIAL \$10.00
- MALE BOWLER \$65.00
- FEMALE BOWLER \$67.00
- JUNIOR BOWLER \$20.00

Memberships expire at the End of the Financial Year (31st May)

I desire to become a member of Coonamble Bowling Club and hereby agree to be bound by your Articles of Association and Rules or Laws made hereunder.

Applicants Signature

\_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Membership #: \_\_\_\_\_

Date of Board Meeting (Joining): \_\_\_\_\_ Receipt#: \_\_\_\_\_

Date (Receipt): \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Checked By: \_\_\_\_\_ Entered In Computer By: \_\_\_\_\_

TYPE OF IDENTIFICATION SIGHTED: \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_