



Est. 1914

BOWRAL BOWLING CLUB MEMBERSHIP APPLICATION FORM

I wish to become a Member subject to the constitution of the Bowral Bowling Club Ltd.

PLEASE PROVIDE ID FOR ADDRESS & DATE OF BIRTH DETAILS VERIFICATION

(PLEASE USE PEN & BLOCK LETTERS)

Mr Mrs Miss Ms Other _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

POSTAL ADDRESS: _____

CONTACT DETAILS : _____ (H/W) _____ (Mob)
(Provide at least two forms of contact - i.e. Home, Work, Mobile Numbers)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ OCCUPATION: _____

Signature of Applicant: _____ Date: _____

BOWLING MEMBERSHIP	\$160	
SOCIAL MEMBERSHIP	\$15	

OFFICE USE ONLY	
ID CONFIRMED <input type="checkbox"/>	APPLICATION SIGNED <input type="checkbox"/> STAFF INITIALS: _____
License Number: _____	Other Form of ID: _____
Receipt Number: _____	Member Number Issued: _____ Date: _____
MEMBERSHIP ACCEPTED BY THE BOARD? YES / NO	DATE: _____