

BOWRAL BOWLING CLUB

MEMBERSHIP APPLICATION FORM 2025-26

PERSONAL DETAILS

Please write clearly. All fields must be filled out for valid membership to be processed.

MISS/MRS/
MS/MR

SURNAME:

FIRST NAME:

ADDRESS: _____

TOWN: _____ POSTCODE: _____

POSTAL ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: ____/____/____ OCCUPATION: _____

MEMBERSHIP TYPE

- | | | |
|--|-------|---|
| <input type="checkbox"/> Full Bowling Membership | \$170 | <input type="checkbox"/> I understand that this membership is valid until June 30, 2026 |
| <input type="checkbox"/> Croquet Membership | \$90 | <input type="checkbox"/> Would you like to activate your membership card for Cashless CARDPAY |
| <input type="checkbox"/> Social Membership | \$5 | |

SIGNATURE:

DATE: _____

I, the applicant as named on this form fully understand that I cannot be elected as a member of this Club until the Board of Directors Meeting. I also understand that if for any reason the Board of Directors refuse the application, the membership fee will be refunded in full, and the Board is not required to give reason for non acceptance. If accepted, I hereby agree to abide by the Constitution, Rules and By-Laws which may be enacted from time to time by the Board and respect the rules of entry into the Clubhouse. I hereby declare that I am over the age of 18 years and that my personal details are true and correct.

Memberships are processed on Tuesdays and Fridays.
Membership cards are to be picked up from the bar and are not posted out.

PAYMENT METHODS

- | | | |
|---|---|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Direct deposit | Bowral Bowling Club LTD
BSB: 122-729
Account: 2215 0888
Please enter last name as reference |
| <input type="checkbox"/> Credit card/EFTPOS | <input type="checkbox"/> Cheque | |

OFFICE USE ONLY

ID TYPE: ☐ DRIVERS LICENSE ☐ PHOTO CARD ☐ PASSPORT

ID NUMBER: _____

STAFF SIG. _____

MEMBERSHIP N* _____