

AUSTRAL BOWLING CLUB

MEMBERSHIP APPLICATION FORM 2024



(Tick appropriate box)

BOWLING MEMBERSHIP FEES (1 YEAR)

FULL BOWLING MEMBER \$90
 PENSIONER BOWLING MEMBER \$75

SOCIAL MEMBERSHIP

ONE YEAR \$5 VALID UNTIL 31 DECEMBER 2024
 THREE YEARS \$15 VALID UNTIL 31 DECEMBER 2026
 FIVE YEARS \$20 VALID UNTIL 31 DECEMBER 2028

MR MRS MISS MS (Tick appropriate box)

SURNAME _____ GIVEN NAMES _____

RESIDENTIAL ADDRESS _____

POSTCODE _____

DATE BIRTH _____

TELEPHONE: HOME _____ TELEPHONE: MOBILE _____

EMAIL _____

TO THE DIRECTORS OF AUSTRAL BOWLING CLUB LIMITED

I declare that I am over the age of eighteen years and wish to become a member of Austral Bowling Club Limited. If accepted, I request that you enter my name on the register as Bowling/ Associate Member. I agree to be bound by your Memorandum & Articles of Association, Rules and By-Laws, from time to time in force. I acknowledge that despite receipt of a membership card I remain a provisional member until such time as the Board of Directors has accepted my application at their meeting. I understand that should my application not be accepted, for whatever reason, I must return the membership card.

SIGNATURE _____ (Application is NOT valid unless signed) DATE _____

OFFICE USE ONLY

MEMBERSHIP NO _____ AMOUNT PAID \$ _____

ID TYPE _____ ID NUMBER _____

ID SIGHTED & VERIFIED BY STAFF MEMBER _____

DATE _____ DATE OF BOARD MEETING WHEN ACCEPTED _____