

Membership Application

Canberra Bowling Club Inc



Applicant Details:

Title	Mr Mrs Ms Dr Miss	First Name:
Last Name		
Email Address		
Phone Numbers	Mobile:	Home/Work:
Date of Birth	/ /	Gender: M F
Address	Street No and Name:	
	Suburb:	State: Postcode:
Current Membership (if Transfer or Dual)	Club:	Membership Number:
Do you want to opt out of the Club's email list for notifications and newsletters? <input type="checkbox"/> Please tick if Yes		

Application For:

Please Tick

Full Playing Membership (Primary)	\$125	<input type="checkbox"/>
Dual Playing Membership (Secondary) – Pennants	\$55	<input type="checkbox"/>
Dual Playing Membership (Secondary)	\$55	<input type="checkbox"/>
Junior Playing Membership	\$40	<input type="checkbox"/>
Social Membership	\$10 for 3 years	<input type="checkbox"/>

In making this application for membership of the Canberra Bowling Club Inc I agree to abide by the Constitution, Rules, By-laws and Code of Conduct of the Club, Bowls ACT and Bowling Australia.

Signature:		Date:
Proposed By	Name:	Signature:
Seconded By	Name:	Signature:

Office Use Only:

<i>Payment</i>	Receipt No:	Date:	
<i>Data Entry</i>	Club Id:	National Id:	Date:
<i>Interstate Transfer</i>	Required: Y N	Date Sent:	
<i>ACT Transfer</i>	Required: Y N	Date Sent:	
<i>Interstate Pennants Form</i>	Required: Y N	Date Sent:	
<i>Pennants Form</i>	Required: Y N	Date Sent:	
<i>Board Approval</i>	Signature:	Signature:	Signature:
<i>Membership Activated</i>	Date:	Card Printed Date:	