



## MEMBERSHIP APPLICATION

To the Board of Directors of Ettalong Memorial Bowling Club Ltd.

FULL BOWLER \$50 - \*MULTI \$31.50 - SOCIAL \$7.50. (Please complete in block letters)

I, \_\_\_\_\_  
SURNAME GIVEN NAMES

of \_\_\_\_\_  
ADDRESS IN FULL SUBURB POSTCODE

I wish to become a member of Ettalong Memorial Bowling Club Ltd. and request you to enter my name on the Register of Members as per By-Laws and subject to the Constitution of Ettalong Memorial Bowling Club Ltd.

Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_

Mobile No \_\_\_\_\_ Email Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Occupation \_\_\_\_\_

(Tick if you would like to receive club advertisement via email ) " OPT IN " Yes ( ) No ( )

\*MULTI MEMBER – please advise name of your other Club \_\_\_\_\_

\*If you wish Ettalong Bowling Club to be your mother club – you must obtain clearance & transfer from your former Club prior to commencement of the new season.

\_\_\_\_\_ Please sign and date this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by two financial members of Ettalong Memorial Bowling Club Ltd.

Proposer \_\_\_\_\_ Club No: \_\_\_\_\_ Signature \_\_\_\_\_

Seconder \_\_\_\_\_ Club No: \_\_\_\_\_ Signature \_\_\_\_\_

Wish to nominate for membership \_\_\_\_\_ who is known to us and we consider him/her a worthy person to become a member of our Club.

I have sighted identification i.e. Passport No. / Driver's License No. / ID Card No.

Signature of Staff Member \_\_\_\_\_