

# MEMBERSHIP APPLICATION

Full Bowler       1 Year Social       Junior       3 Year Social

I wish to become a member of Ettalong Memorial Bowling Club Ltd. If my application is granted, I agree to abide by the Constitution and By-Laws of the Club. I declare that I am over 18 years. I understand that I am a provisional member until such time as my application for membership is accepted at a meeting of the Board of Directors.

Membership No. (For renewals): \_\_\_\_\_

Mr     Mrs     Ms     Miss

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE TURN OVER

Occupation: \_\_\_\_\_

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

What are you interested in?

- |                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Gaming     | <input type="checkbox"/> Tab/Keno              | <input type="checkbox"/> Poker      |
| <input type="checkbox"/> Food       | <input type="checkbox"/> Craft Beer            | <input type="checkbox"/> Beverages  |
| <input type="checkbox"/> Promotions | <input type="checkbox"/> Entertainment / Shows | <input type="checkbox"/> Fox Sports |

Tick if you are a member of any of the following Ettalong Bowling Sub Clubs.

- |                                  |                                     |                                |
|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Darts Club | <input type="checkbox"/> Bowls |
|----------------------------------|-------------------------------------|--------------------------------|

Membership of Ettalong Memorial Bowling Club automatically includes membership to the Ettalong Rewards Program. This may include free offers, vouchers and giveaways. Tick this box if you DO NOT wish to participate in this program.  I do not wish to participate.

Tick this box if your DO NOT wish to receive information on the Club's Gaming / Promotional/ Entertainment.  I do not consent

For information on our Privacy Policy, please visit [www.ettalongbowlingclub.net](http://www.ettalongbowlingclub.net) and for information on our rewards program terms and conditions, please ask at Reception.

OFFICE USE ONLY	Date: _____ License, Pension / Seniors Card Sighted <input type="checkbox"/>	Receipt No.: _____
	Amount Paid: _____ Membership No.: _____	Checked by: _____

