



# BASSENDEAN BOWLING CLUB INC.

## APPLICATION FOR MEMBERSHIP

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POST CODE \_\_\_\_\_

PHONE (Mobile) \_\_\_\_\_ PHONE (Other) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ D.O.B \_\_\_\_\_

EMAIL \_\_\_\_\_

*Please circle:*  
MALE / FEMALE

MEMBERSHIP TYPE (see table below): \_\_\_\_\_

BOWLING MEMBERSHIP	FEE p.a.	OTHER MEMBERSHIPS	FEE p.a.
Adult Member (18 – 70 )	\$ 270.00	Dual Club Member	\$ 125.00
Adult Member ( > 70 )	\$ 220.00	Full Club Member	\$ 90.00
Life Member ( < 70 )	\$ 180.00	Social Member	\$ 40.00
Life Member ( > 70 )	\$ 130.00	Country Member	\$ 25.00
Junior Member ( < 18 )	\$ 100.00	Visitor / Temp. Member	\$ 5.00

*Prices current and approved by members at Annual General Meeting – August 2017.*

- I hereby apply for Membership of the **Bassendean Bowling Club Inc.**
- I wish for my email address to be used as my address in the Club Members Register.
- I understand that my rights and privileges do not commence until my application is approved.
- I will abide by all the Rules and Regulations of the **Bassendean Bowling Club Inc.**

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

PROPOSER: Name: _____ Sign: _____	SECONDER: Name: _____ Sign: _____
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*Payment by Electronic Funds Transfer*



BSB Number: 0 1 6 2 5 5  
 A/C Number: 1 0 8 3 8 6 2 3 2  
 Name: Bassendean Bowling Club Inc

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Receipt #: \_\_\_\_\_

*Office use only*

Joined	Paid by	Amount	Receipt #	Member #	Approved	ECM Date	PSM – Card	Bowls link
					YES / NO			