

Collect

Post

Mr/Mrs/Miss/Ms

SURNAME

GIVEN NAMES

RESIDENTIAL ADDRESS incl POSTCODE

POSTAL ADDRESS (if different from residential)

PHONE _____ **DATE OF BIRTH** _____

EMAIL _____

OCCUPATION _____ **ID TYPE AND NO** _____

CLASS OF MEMBERSHIP APPLIED FOR

SOCIAL

BOWLING
*please see reverse

JUNIOR BOWLING
*please see reverse

I, THE UNDERSIGNED, DECLARE THAT I AM OVER EIGHTEEN (18) YEARS OF AGE AND WILL ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE INVERELL EAST BOWLING CLUB LIMITED, AND VERIFY THE ABOVE INFORMATION IS CORRECT

SIGNATURE OF APPLICANT

DATE

I WISH TO RECEIVE MEMBERSHIP NOTICES INCLUDING NOTIFICATION OF ANNUAL GENERAL MEETING, MEMBERSHIP RENEWALS, FINANCIALS AND BOARD VOTING PROCEDURES BY:

1 Year- \$5

5 Years- \$20

OFFICE USE ONLY

DATE ACCEPTED _____

RECEIPT NO _____

MANAGER SIGNATURE _____

Cash/Cheque/EFTPOS

Number Issued

Under Clause 15.4 (f) of the constitution of The Inverell East Bowling Club Limited ABN 99 001 060 813, all:

BOWLING CLUB APPLICANTS are required to complete the following in addition to the Social Membership application on the previous page;

NOMINATORS: (MUST BE Financial Bowling Club Members)

We, the undersigned, wish to nominate _____ (applicant's full name) for membership of the INVERELL EAST BOWLING CLUB LIMITED

Nominators' Name & Member Number

Seconder's Name & Member Number

Nominators' Signature

Seconder's Signature

Date: ____/____/____

JUNIOR BOWLING CLUB APPLICANTS are required to complete the following in addition to the Social Membership application on the previous page;

I, _____ (Parent/Guardian's Full Name) hereby approve of _____'s (Full Name of Applicant) for membership of the INVERELL EAST BOWLING CLUB LIMITED.

Date: ____/____/____