MT BARKER BOWLING CLUB INCORPORATED

PHONE: 08 8391 1220 MANN ST

FAX: 08 8391 1020 MOUNT BARKER

SA 5251

APPLICATION FOR MEMBERSHIP

NAME	FIRST NAME	DA	TE OF BIRTH	
O FULL MEMBER:	Provides full bowli	Provides full bowling membership privileges & voting rights.		
ASSOCIATE MEMBER	Provides social bo	Provides social bowling rights and bar privileges only.		
O SOCIAL MEMBER	Provides members	Provides membership with bar privileges, non-bowling rights.		
The subscription for all membership classes is set each year at the Annual General Meeting.				
If my application is accepted I agree to abide by the Rules of the Club and the Laws of Bowls Australia, Bowls South Australia and the Hills Bowling Association Council.				
All information provided will remain confidential and stored within the clubs secure files				
I AM A C EXPERIENCED BOWLER				
O NEW BOWLER				
I WAS PREVIOUSLY A MEMBER OF THE BOWLING CLUB				
○ I HAVE ○ I HAVE NOT OBTAINED CLEARANCE FROM THAT BOWLING CLUB				
RESIDENTIAL ADDRESS				
POSTAL ADDRESS				
HOME PHONE		BUSINESS PHONE		
MOBILE PHONE		E-MAIL		
OCCUPATION				
SIGNATURE		DATE		
NOMINATED BY		SECONDED BY		
○ ACCEPTED ○ NO	T ACCEPTED At the Bo	ard meeting held on		
COMMITTEE MEMBER				