

Currarong Bowling and Recreation Club

Membership Application



PLEASE PRINT ALL INFORMATION

Mr / Mrs / Miss / Ms (circle)

Last Name Given Name

Residential Address

Suburb State Post Code

Postal Address (if different)

Phone (Private) Phone (Mobile)

Occupation Date of Birth

Email Address

Licence Number

PLEASE TICK THE TYPE OF MEMBERSHIP

Club Membership			Sub Clubs								
			Fishing			Snooker & Darts			Golf		
<input type="checkbox"/>	1 year	\$ 5.00	<input type="checkbox"/>	1 year	\$ 2.20	<input type="checkbox"/>	1 year	\$ 2.20	<input type="checkbox"/>	1 year	\$ 2.20
<input type="checkbox"/>	3 years	\$ 15.00	<input type="checkbox"/>	3 years	\$ 6.60	<input type="checkbox"/>	3 years	\$ 6.60	<input type="checkbox"/>	3 years	\$ 6.60
<input type="checkbox"/>	5 years	\$ 25.00	<input type="checkbox"/>	5 years	\$ 11.00	<input type="checkbox"/>	5 years	\$ 11.00	<input type="checkbox"/>	5 years	\$ 11.00

Disclaimer: I, the above-named nominee, do fully understand that I cannot be elected as member of the Currarong Bowling and Recreation Club until the Board of Directors Meeting following the expiration of fourteen days from the date hereon. If duly elected to the club, I hereby agree to abide by the Memorandum and Articles of Association of the Company.

Signature of Nominee Date

Disclaimer: We the undersigned wish to nominate the above person for membership of the Currarong Bowling and Recreation Club and guarantee the above person is over the age of eighteen years.

Exceptions to the above exist for junior members who are applying for membership of the club for participation in club sports and such nominations must be lodged by a parent or guardian.

	Print Name	Signature	Membership Number
Nominated by	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seconded by	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

Amount Received <input type="text"/>	Date Received <input type="text"/>	Number Assigned <input type="text"/>
ID Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Processed <input type="text"/>
Staff Name <input type="text"/>	Staff Signature <input type="text"/>	Processed By <input type="text"/>