

CITY OF HEIDELBERG BOWLING CLUB INC. A5883G

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE BOTH SIDES OF APPLICATION

TO: THE HON. SECRETARY - CITY OF HEIDELBERG BOWLING CLUB INC

PHONE: 9457 1030

P O BOX 444 - ROSANNA 3084

EMAIL: info@cityofheidelbergbowlingclub.com.au

I DATE OF BIRTH

OF POST CODE

PHONE: HOME MOBILE EMAIL

OCCUPATION(if retired state previous occupation)

Desire to become a member of The City of Heidelberg Bowling Club Inc. In the event of my admission as such a member, I agree to be bound by the Rules of the Club for the time being in force.

MEMBERSHIP CATEGORY (tick one)

- FULL - CAN PLAY SOCIAL AND PENNANT BOWLS – STAND FOR OFFICE + VOTE ON CLUB MATTERS.
- RESTRICTED – CAN PLAY SOCIAL BOWLS - UNABLE TO STAND FOR OFFICE OR VOTE ON CLUB MATTERS.
- SOCIAL - ELIGIBLE TO USE ALL CLUB FACILITIES EXCEPT FOR BOWLING ON THE GREENS – UNABLE TO STAND FOR OFFICE OR VOTE ON CLUB MATTERS.

I HAVE PREVIOUSLY BEEN A MEMBER OF A BOWLING CLUB

I HAVE NOT PREVIOUSLY BEEN A MEMBER OF A BOWLING CLUB

STATE CLUBS AND DATE LAST AFFILIATED DATE

..... DATE.....

SIGNATURE OF APPLICANT DATE

AS MEMBERS OF THE CITY OF HEIDELBERG BOWLING CLUB INC.

I PROPOSE AND I SECOND

SIGNATURE & DATE SIGNATURE & DATE

THE NOMINATION OF THE APPLICANT WHO IS PERSONALLY KNOWN TO US, FOR MEMBERSHIP OF THE CITY OF HEIDELBERG BOWLING CLUB INC.

APPLICATION FOR MEMBERSHIP (CONTD)

THE FOLLOWING INFORMATION REGARDING NEXT OF KIN IS REQUIRED IN CASE OF EMERGENCY

1. NAME..... RELATIONSHIP
ADDRESSPOST CODE.....
PHONE NOS. MOBILE.....HOMEWORK.....

2. NAME..... RELATIONSHIP
ADDRESSPOST CODE.....
PHONE NOS. MOBILE.....HOMEWORK.....

3. NAME..... RELATIONSHIP
ADDRESSPOST CODE.....
PHONE NOS. MOBILE.....HOMEWORK.....

OFFICE

DATE OF LODGEMENT OF APPLICATION

DATE OF ELECTION

DATE & AMOUNT OF PAYMENT OF ANNUAL SUBSCRIPTION

DATE..... AMOUNT
