

# 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](mailto: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

☐ **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 NOT PREVIOUSLY BEEN A MEMBER OF A BOWLING CLUB

☐ I HAVE PREVIOUSLY BEEN A MEMBER OF A BOWLING CLUB/S

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 .....

ADDRESS .....POST CODE.....

PHONE NOS. MOBILE.....HOME .....WORK.....
2.

NAME..... RELATIONSHIP .....

ADDRESS .....POST CODE.....

PHONE NOS. MOBILE.....HOME .....WORK.....
3.

NAME..... RELATIONSHIP .....

ADDRESS .....POST CODE.....

PHONE NOS. MOBILE.....HOME .....WORK.....

DATE OF LODGEMENT OF APPLICATION .....

DATE OF ELECTION .....

DATE & AMOUNT OF PAYMENT OF ANNUAL SUBSCRIPTION

DATE.....

AMOUNT .....