MEMBERSHIP APPLICATION 20018/19

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other _____

Surname _____

First Name _____

Address _____

_____ State _____ P/Code _____

Telephone H _____ B _____ M _____

Email _____

D.O.B. _____ / _____ / _____

LICENCE/PHOTO I.D.. _____

☐ **1 Year Full Bowling Membership- $90.00**

☐ **3 Year Full Bowling Membership - $260.00**

☐ **1 Year Social Membership- $5.00**

☐ **3 Year Social Membership - $13.00**

Are you a Ex-Service Person - YES/NO - Are you a RSL Member – YES/NO (please circle)

I hereby apply for membership at Terrigal Bowling Club Limited and if accepted agree to be bound by the memorandum and articles, rules and by-laws.

Signature _____ Date ____ / ____ / ____

Nominated by _____ Signature _____ Mem. # _____

Seconded by _____ Signature _____ Mem. # _____

Please make cheques payable to : Terrigal Bowling Club

OFFICE USE ONLY

Staff Name _____ Signature _____

Amount Paid $ _____ Date ____ / ____ / ____

Membership No.#

Membership Receipt No. #