



Armadale District Bowling Club (Inc.)

MILLMAN WAY, ARMADALE W.A.

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ABN: 51 862 048 019

APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY

NAME: Mr. / Mrs. / Ms _____

ADDRESS: _____

_____ **POSTCODE:** _____

EMAIL ADDRESS: _____

TELEPHONE: _____ **DATE OF BIRTH:** _____

(Bowling members must give Year of Birth)

TYPE OF YEARLY MEMBERSHIP APPLYING FOR PLEASE SELECT ONE ITEM

FULL \$185.00 SOCIAL BOWLER \$100.00 SOCIAL \$15.00

PROVISIONAL \$25.00 (must be a current member of another Bowling Club)

JUNIOR \$25.00 (must be under the age of 18 years or 19 years for Junior Bowling)

Are you a current member of another Club? If so which Club _____

When does your current membership expire? _____

Have you paid Bowls Affiliation Fees to your current Club for the current year?

YES NO

Previous member of another Bowling Club? If so which _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF PROPOSER: _____

ENDORSEMENT OF APPLICATION MUST BE SIGNED BY TWO FULL MEMBERS

NAME OF FULL MEMBER: _____

SIGNATURE OF FULL MEMBER: _____

NAME OF FULL MEMBER: _____

SIGNATURE OF FULL MEMBER: _____

For Office Use Only:

Date before Committee _____

Membership Recorded _____

Receipt Number _____

Date Membership Card Issued _____