

Grenfell Bowling Club Limited

Cross Street (PO Box 28) GRENFELL NSW 2810

Ph: 02 6343 1656

Email: manager@grenfellbowlingclub.com.au

ABN: 25 000 988 072

CLUB MEMBERSHIP NOMINATION FORM

The applicant is required to complete all of the details below. It is important that where the applicant is or has been a bowling member of another Bowling Club that he/she is in possession of a Clearance Certificate form the other Club.
Subscription fees must be paid with application.

Please use BLOCK LETTERS to neatly fill in ALL fields.

I (Name in full)

Of (Full Address)

Email:

Phone: Home: Mobile:

Date of Birth: / / Occupation:

I request to become a Member of the Grenfell Bowling Club Ltd as a:

Full Bowling Member	\$40.00	<input type="checkbox"/>
Social Member	\$20.00	<input type="checkbox"/>
Junior Bowling Member	\$20.00	<input type="checkbox"/>
Junior Sporting Member (Netball/Squash)	\$3.50	<input type="checkbox"/>

The additional information is also required: (please circle as necessary)

Are you a member of a Bowling Club? Yes / No

(If Yes) Name of Club/s.....

Have you ever been a Member of any Club (Bowling or Otherwise) Yes / No

(If Yes) Name of Club/s.....

Have you been suspended, expelled or asked to resign from any Club? Yes / No

(If Yes) Name of Club/s.....

Do you intend to play Bowls? Yes / No

Signature of Applicant: Date:/...../.....

Membership approval is subject to the Constitution of the Club. By signing this application, you are agreeing to abide by the rules of the Club and will obey instructions given by Club Staff at all times.

Member Sponsors

Name: Name:

Signature: Signature:

Date:/...../..... Date:/...../.....

FOR CLUB USE ONLY

Clearance Certificate Sighted (if required) Yes / No

MEMBERSHIP ACCEPTED

Yes / No

MEMBERSHIP NO:

SUPSCRIPTION PAID \$.....

REJECTED MEMBERSHIP, REASONS.....