

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 **RESTRICTED** **SOCIAL** **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**.....

..... **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.

DATE OF LODGEMENT OF APPLICATION **DATE OF ELECTION**

DATE & AMOUNT OF PAYMENT OF ANNUAL SUBSCRIPTION **DATE**..... **AMOUNT**

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.....