



Boolaroo Bowling & Recreation Co-operative Society Limited

MEMBERSHIP APPLICATION FORM

In accordance with Article 31 (d) of the Constitution of the Royal New South Wales Bowling Association and schedule 3 of the same constitution,

Please Print in Ink

I, Mr / Mrs / Ms (Name in Full) _____

of (Street) _____ Suburb _____

Post Code _____ Date of Birth _____ Occupation _____

Phone Nos. Home _____ Business _____

Mobile _____ Email _____

wish to become a (Please circle)

Full

Social

Multi

Associate

Restricted Member

of Boolaroo Bowling Club, subject to the Constitution of the Royal New South Wales Bowling Association and the Memorandum and Articles and/or Rules and Bi-laws of Boolaroo Bowling Club.

The following information is also required:-

Are you a member of a Bowling Club? Yes No

If Yes, Name of Club: _____

Are you a member of any other Club? Yes No

If Yes, Name of Club:- _____

Do you intend to play bowls in the future? Yes No

Would you like to learn to play Bowls? Yes No

Signature of Applicant: _____

Date of Application: _____

Proposer (Block Letters): _____

Signature: _____

Period of Acquaintance: _____ years

Seconder: (Block Letters) _____

Signature _____

Period of Acquaintance: _____ years

Office Use Only:

Accepted: Yes No Date of Acceptance: _____ Receipt Number: _____