

ation fo	r Memb	ership
	FIRST NAME	
	POST CODE	
	MOBILE	
LER □SOC	GENDER	□MALE □FEMALE
	Date of Birth	
40.000.000.000		
		POST CODE MOBILE LER SOC GENDER

ADDITIONAL MEMBERSHIPS (I.E PARTNERS, FAMILY MEMBERS)							
SURNAME	FIRST NAME	RELATIONSHIP	DOB	GENDER	MEMBERSHIP TYPE		
				□M □F	□FULL □Rec.Bowl. □SOC		
				□M □F	□FULL □ Rec.Bowl. □SOC		
				□M □F	□FULL □ Rec.Bowl. □SOC		
				□M □F	□FULL □ Rec.Bowl. □SOC		

Application for family or spouses of the main member, please complete the section above for each member other than the main member

MEMBERSHIP FEES: Full \$230.00

Recreational Bowler \$50.00 Social \$20.00

CONDITIONS OF APPLICATION

I/We hereby apply for Membership of the Pinjarra Bowling and Recreation Club Inc. with the nomination fee of \$20.00 as required upon submitting this form. I understand that this amount will be deducted from my membership on the success of my application.

I/We understand that my rights and privileges do not commence until this application is approved.

I/We will abide by all the Rules and Regulations, including the Code of Conduct, for the Pinjarra Bowling and Recreation Club Inc.

I/We agree to have details of my / our name(s) and telephone number(s) listed in the club register.

DATE SIGNATURE

	NAME	SIGNATURE	DATE
PROPOSER			

Signed applications can be presented to club representatives during normal opening hours or via email to the "Club Secretary" pinjbowls@bigpond.com, Telephone 9531 1840

OFFICE USE ONLY						
RECEIPT NUMBER		AMOUNT PAID				
RECEIPT DATE		AMOUNT OUTSTANDING				
SIGNATURE OF SECRETARY						