

BOWLING MEMBERSHIP RENEWAL / APPLICATION 2020

PERSONAL INFORMATION

Name:	
Address:	
Post Code:	
Email:	
Phone:	Mobile:
Date of birth:	
TYPE OF MEMBERSHIP	
BOWLING \$120	DUAL/NON DECLARED \$40
Signature of Applicant: Date:	
Nominators for new members only	
Nominator's name:	Sign:
Seconder's name:	Sign:
If you are available to volunteer or help out in any area at the Gladstone Bowls Club, it would be much appreciated.	
<u>OFFICE USE ONLY</u>	
MANAGEMENT COMMITTEE APPROVAL: Y / N DATE:	
Approval Letter Sent Y/N	Date:
Paid Y/N Receipt Number:	Photo Taken Y/N
Club Membership Number:	Disc Number:
Office Signature:	
Superdraw Email list membership List	
Payment to be made PRIOR Management Approval	

PLEASE FILL IN THE REVERSE SIDE