



Leeton & District Bowling Club Ltd.



Membership Nomination Form

TITLE:(Mr., Mrs., Miss, Ms)

Christian NAME:SURNAME:

Residential & Postal Address:

Date of Birth: / / Occupation:

Telephone No: (Home)(Work)(Mobile).....

Email

Tick the Appropriate Box for Membership

- | | |
|--|----------|
| <input type="checkbox"/> SOCIAL MEMBER 1 YEAR | \$10.00 |
| <input type="checkbox"/> SOCIAL 3 YEAR MEMBER | \$25.00 |
| <input type="checkbox"/> PENSIONER MEMBER | \$ 8.00 |
| <input type="checkbox"/> PENSIONER 3 YEAR MEMBER | \$20.00 |
| <input type="checkbox"/> MALE BOWLING MEMBER | \$105.00 |
| <input type="checkbox"/> LADY BOWLING MEMBER | \$105.00 |
| <input type="checkbox"/> JUNIOR BOWLING MEMBER | \$35.00 |

Please indicate how you would like to receive the Yearly Financial Report

- I wish to receive a hard copy of the report by mail
- I wish to receive the report by email
- I do not wish to receive the report

PROPOSED BY <div style="text-align: center;">(Please Print)</div> Address Badge No Proposer's Signature
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SECONDED BY <div style="text-align: center;">(Please Print)</div> Address Badge No Seconder's Signature
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Having been proposed and seconded, I hereby apply for membership at the Leeton & District Bowling Club Limited and agree to abide by the Rules and Regulations of the Club.

Signed Date / /

OFFICE USE ONLY	
Receipt No:	
Date: / /	
Amount: \$.....	

BOWLS COMMITTEE USE ONLY	
The above mentioned member is Accepted / Not Accepted as a Full Bowling Member of the Leeton & District Bowling Club Ltd.	
Signed	