



WEST COBURG BOWLS CLUB
24 LINSEY STREET
COBURG VIC 3058
(03) 9354 9098
wcbc1947@gmail.com

MEMBERSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP CATEGORY (Tick):

- | | | |
|-----------------------|--------------------------|--|
| FULL MEMBERSHIP | <input type="checkbox"/> | \$150.00 |
| ASSOCIATE MEMBER | <input type="checkbox"/> | \$50.00 |
| JUNIOR/STUDENT MEMBER | <input type="checkbox"/> | \$50.00 |
| RETURNING MEMBER | <input type="checkbox"/> | \$75.00 (changes to full after one year) |

DETAILS OF MEMBERSHIP OF PREVIOUS BOWLING CLUB(S):

For returning members: DATE LAST AFFILIATED WITH CLUB: ____ / ____ / ____

By signing this Membership Application, you agree to be bound by any terms and/or conditions and by the Rules of the Club.

SIGNATURE OF APPLICANT: _____ DATE: ____ / ____ / ____

SIGNATURE OF CLUB MEMBER NOMINATING THE APPLICANT:

_____ DATE: ____ / ____ / ____

SIGNATURE OF CLUB MEMBER SECONDING THE NOMINATION OF THE APPLICANT:

_____ DATE: ____ / ____ / ____

SECRETARY USE ONLY

DATE APPROVED: ____ / ____ / ____ MEMBERSHIP NUMBER: _____

SECRETARY'S SIGNATURE: _____