



APPLICATION FOR MEMBERSHIP

Mr / Mrs / Miss / Ms

First Name

Last Name

Street Address

Suburb

Post Code

DOB

Mobile Phone

Home Phone

Email Address

I consent to receive emailed information on events and promotions

In case of Emergency Contact

Name

Relationship

Phone

I wish to apply to be an A Class (Bowling Member) (\$10) *

I wish to apply to be a Social Member of Moorefield Bowling Club (\$5)

I wish to apply for Associate Membership of Moorefield Bowling Club (\$10)

* Must be registered or eligible to be registered with Bowls NSW

Have you ever been suspended from a licensed Club?

Yes No

Signature of Applicant

Date

Signature of Proposer

Name of Proposer

Date

Member Number

Credit Card Payment Details

Card Number

Name on card

Expiry Date

CVC

Office Use Only

Approved by Directors

Meeting Date

Signature of Director

Signature of Director