ROCKINGHAM BOWLING CLUB
MEMBERSHIP APPLICATION FORM

I wish to apply for Membership to the Rockingham Bowling Club Inc. Should my membership application be accepted by the club I agree to abide by the Constitution and Bylaws of the club as posted on the club notice board and website and rules as outlined in the Code of Conduct.

CONTACT DETAILS						
MEMBERSHIP TYPE	Full ☐	Social ☐	Junior ☐	Scrabble ☐		
TITLE Mr / Mrs / Ms	FIRST NAME					
	SURNAME					
MOBILE PHONE		HOME PHONE		DATE OF BIRTH		
ADDRESS						
SUBURB		STATE		POST CODE		
EMAIL						

APPLICANT STATUS								
HOW DID YOU HEAR ABOUT THE BOWLING CLUB?	FRIEND & FAMILY	☐	WEBSITE	☐	QUIZ	☐	ADVERT	☐
	FACEBOOK	☐	DANCING	☐	EVENT	☐	RADIO	☐
PREVIOUS CLUB MEMBER	Yes ☐	No ☐	NAME OF CLUB					
CURRENT OCCUPATION								
COACHING REQUIRED ?	Yes ☐	No ☐	LOCKER REQUIRED ?		Yes ☐	No ☐		
ARE YOU CURRENTLY UNDER SUSPENSION/EXPULSION FROM ANY OTHER CLUB					Yes ☐	No ☐		
IF YES TO ABOVE PLEASE STATE DETAILS								

PROPOSER	
NAME	
SIGNED	
DATE	

SECONDER	
NAME	
SIGNED	
DATE	

AMOUNT PAID		RECIEPT NUMBER	

LIST ☐ DATABASE ☐ CARD ☐ LETTER ☐