



THE MALVERN BOWLING CLUB
 ABN 55 004 063 307
 14 Coonil Crescent
 MALVERN VIC 3144
 Telephone 9509 2004
 Web: www.malvernbowls.com.au
 Email: info@malvernbowls.com.au

APPLICATION FOR MEMBERSHIP FORM

To the Secretary of The Malvern Bowling Club.

I desire to become a member of The Malvern Bowling Club and I agree, if elected, to be bound by the Memorandum and Articles of Association and Bye-Laws of The Club.

I wish to apply for: (Please tick the appropriate box).

- Full Membership (\$230.00)
- Social Bowler Membership (\$100.00).
- Junior Membership – 18 years and under or full time student (\$25.00).
- Social Membership (\$60.00)

Surname _____

Given Names _____

Address _____

_____ Postcode _____

Phone Home _____ Business _____

Mobile _____ Email _____

Profession/Occupation _____

Member of other Clubs _____

Past Bowling Experience _____

Date of birth _____

Signature of candidate _____

The above named is personally known to us and we believe him/her to be a suitable person to be elected a member of The Malvern Bowling Club.

(Signed) _____ Proposer

(Signed) _____ Seconder

Dated this _____ day of _____ 20 _____

Office use only:

Entered Accounts:.....

Entered BV Database:.....

Active: Yes/No