



**THE MALVERN BOWLING CLUB**  
**ABN 55 004 063 307**  
**14 Coonil Crescent**  
**MALVERN VIC 3144**  
**Telephone 9509 2004**  
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Email: [info@malvernbowls.com.au](mailto: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)
- Social Membership (\$60.00)
- Junior Membership – 18 years and under or full time student (\$25.00)

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