



The Malvern Bowling Club

THE MALVERN BOWLING CLUB
14 Coonil Crescent
Malvern Victoria 3144
ABN 95 167 343 497
Web: www.malvernbowls.com.au
Email: info@malvernbowls.com.au

Application for Membership 2025-26

Surname: Given names:

Email address: **(please print clearly)**.....

Mobile:

Date of birth: Previous occupation:

Address:

..... Postcode:

Emergency contact person: Contact number:

I wish to apply for membership as (please tick box):

Full Club Member	\$290	<input type="checkbox"/>
Basic Level Club Member	\$150	<input type="checkbox"/>
Non-bowling Club Member	\$80	<input type="checkbox"/>
U18/Student member	\$25	<input type="checkbox"/>

Please tick box if wishing to include a refundable \$60.00 deposit for a key to the front gate and club rooms for out of hours access.

Bowling experience (please circle): Yes / No

Transfer required: Yes / No

If applicable - membership at last bowls club:

I am willing to volunteer in the following categories (please tick box):

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Website development/
maintenance | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Functions support | <input type="checkbox"/> Wednesday dinners |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Bar duties | <input type="checkbox"/> Minor building maintenance | <input type="checkbox"/> Garden maintenance |

I **accept the membership application process and, if admitted, agree to support the purposes of the club and comply with the Rules of the Club, and those of the governing body for bowls in the State of Victoria.**

Signature of Applicant: Date:

Office use: Date Invoiced: Date entered BV database: