

ALTONA BOWLING CLUB INCORPORATED

Grant Reserve, 113 Civic Parade, Altona 3018 Telephone 9398 1407



APPLICATION FOR BOWLING MEMBERSHIP



PERSONAL DETAILS:	
SURNAME (MR/MRS/MS):	
GIVEN NAME:	
RESIDENTIAL ADDRESS:	
TELEPHONE (HOME): (BUSINESS): (MOBILE):	
DATE OF BIRTH:	
OCCUPATION:	

BOWLING DETAILS:	
PREVIOUS BOWLING CLUB MEMBERSHIP (IF ANY):	
IS THAT MEMBERSHIP CURRENT:	
OFFICIAL POSITIONS HELD:	
HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY CLUB:	
HAVE YOU PLAYED PENNANT BOWLS:	
YEAR LAST PLAYED:	
WHAT DIVISION:	
WHAT POSITION:	

DECLARATION

IF ELECTED TO MEMBERSHIP I UNDERTAKE TO BE BOUND BY THE RULES AND BY-LAWS OF ALTONA BOWLING CLUB INCORPORATED

SIGNATURE OF APPLICANT: _____

DATE: ____/____/____

PRINTED NAME & SIGNATURE OF PROPOSER: (& PERIOD OF ACQUAINTANCE):	
PRINTED NAME & SIGNATURE OF SECONDER: (& PERIOD OF ACQUAINTANCE):	