

Williamstown Bowling Club Inc. 40-58 Melbourne Road Williamstown VIC 3016

Telephone: 9397 5238
Email: wtownbowling@optusnet.com.au
ABN: 60 529 143 756

APPLICATION FOR FULL MEMBERSHIP

Date of nominatio	n									
We hereby nom	ninate									
Full name										
Address										
Preferred given name			Date of birth				Hom num	ne phone nber		
Previous bowling club								ailable fo nnant	or Saturday	
Mobile							Club use (\checkmark/x) Bowls (\checkmark/x)			
Email					Clu (√/	ub use /×)		Bow (√/3	vls Victoria use •)	
for full membership of the Williamstown Bowling Club.										
Proposed	Name	ame				Signat	nature			
Seconded	Name					Signat	ture			
The proposer and seconder must be full financial members of the Club.										
APPLICANTS DECLARATION										
I AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF THE CLUB.										
The club is legally required to keep a membership roll. Member's information will be used to distribute information about the Club to Club members and allow for the contact of Members in relation to sporting activities of the Club. Your details may be made available to other members.										
If you do not wish your details to be made available please tick the box. $\ \square$										
The club does not make member's information available to third parties for the purpose of direct mail, marketing or advertising.										
Signed (nominee)										
Office use only:										
Date nomination ac	dvertised									
Board decision and	l date	Α	Accepted/Not accepted							
Date applicant advi	sed		Date subscription due							
Date subscription received Date membership roll updated										