



NEWPORT BOWLING CLUB LTD

Incorporating Newport Men's Bowling Club and Newport Beach Women's Bowling Club
ACN 000 116 889, ABN 19000 116 889

Cnr. Palm Rd. & Barrenjoey Rd., Newport Beach 2106
P.O. Box 135, Newport Beach, 2106

PH: 02 9999 1661, 02 9999 1096
FAX: 02 9999 0259

APPLICATION FOR MEMBERSHIP

Newport Beach Women's Bowling Club

(Surname) (Preferred Name) (Initials)

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Occupation/Previous Occupation: _____

Birth Date: ____/____/____ Partners Name: _____

Name and phone number of person to be contacted in case of an emergency (if different from above)

Are you a member of other Bowling Clubs? If so, which? _____

Have you ever been suspended, expelled or asked to resign from any club (Bowling or otherwise) and if so, what was the reason? _____

I am desirous of becoming a: Full _____ Associate: _____ Junior _____ Member. (Please tick)

DECLARATION

I, the above mentioned Nominee, do fully understand that I will be a provisional Member of the Club until my application is approved by a Board of Directors Meeting and by the Women's Management Committee. If duly elected to the Club, I hereby agree to abide by the Constitution of the Newport Beach Women's Bowling Club.

Signature of Nominee: _____ Date: ____/____/____

Nominated by: [Print Name] _____ M/ship No: _____

Signature: _____ Period of Acquaintance: _____

Seconded by: [Print Name] _____ M/ship No: _____

Signature: _____ Period of Acquaintance: _____

FOR OFFICE USE ONLY

Received by: _____ Hon. Secretary Date: ____/____/____

Approved by _____ President Date: ____/____/____

Approved by _____ Coach Date: ____/____/____