

Member Change of Details Form

FUNCTION

The function of this form is to provide Bowls Safety Bay members with a process by which they can supply the Club Administration Assistant with any updated personal details that may have changed since original application. This also includes when a member wishes to change their membership category.

Please complete all details to ensure that accurate records are maintained in case of an emergency and that the form is signed by the member and provided to the administration assistant or secretary.

First Name:		Surname:		Date:	
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Address:	
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Telephone Home:		Mobile:	
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Email Address:		Date of Birth:	
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Occupation:		or Previous Occupation:	
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Membership required (tick box) ✓

Full:		Non Bowling:		Social:	
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Junior:		Service Personnel:		Restricted:	
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Member Signature: _____

Office use only

Committee approval date:		Secretary Signature:	
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