

## Application For Membership Form

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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Are you a current member or ex member of another club?    Yes                       No

If **YES**, please provide the club name: \_\_\_\_\_

Have you ever been refused membership, had your membership withdrawn, or been suspended from any other Club?                      Yes                       No

If **YES**, please provide the club name. \_\_\_\_\_

**Membership required (tick box) ✓**

Full:		Non Bowling:		Social:	
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Junior:		Service Personnel:		Restricted:	
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I hereby apply for membership of Bowls Safety Bay Incorporated and agree to pay my invoice subscription within one calendar month of acceptance of my application.

If accepted, I agree to conform with, and be bound by, the Constitution Rules and By-laws of Bowls Safety Bay Incorporated.

*Application must be proposed and seconded by a Full, Concession or Honorary Life member of the Club*

Applicant Signature:	
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Proposer (print name):		Signature:	
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Secunder (print name):		Signature:	
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**Office use only**

Committee approval date:		Secretary Signature:	
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