



# BY LAWS (109)

## Application for Membership Form

Mr. Mrs	First Name	Surname	Date
Miss. Ms			

Address:	
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Telephone Home:		Mobile:	
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Email Address:		D.O.B	
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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Have you ever been refused membership, had your membership withdrawn or been suspended from any other club?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

Are you interested in playing competitive bowls including pennants?  Yes  No

### Membership required (tick box)

Full  Intermediate  Social  Junior

I hereby apply for membership of Bowls Safety Bay Incorporated and agree to pay my invoice subscription within one calander 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*

Applicants Signature:	
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Proposer (print name):		Signature:	
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Seconder (print name):		Signature:	
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### Office use only

Committee approval date:		Secretary Signature:	
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