COOLOOLA COAST BOWLS CLUB INC

APPLICATION FOR MEMBERSHIP

I wish to apply for membership as indicated below, and acknowledge that the Club complies with Qld Govt smoking regulations on the premises and will abide by these regulations.

SIGNATURE		GENDER (M) (F	F) DATE		
Please Print	;				
Surname		Christian Names.			
Address					
Town/City		State	Postcode		
PhoneWork		ork	Mobile		
E-Mail Addre	988				
Date of Birth		(applies to Full Members only)			
Please tick	one of the following:				
Class of Mer	mbership. Bowlers F-	- Full() S- Social() J- Junior()		
Proposed by (name)			Signature		
Seconded by (name)		9	Signature		
N.B. Propose	er and Seconder must	be Financial FULL mem	bers of Cooloola Coast Bowls Clu	b Inc.	
Bowlers: Jnr Bowlers: Tfr. Bowlers: *Includes State		\$50.00 Annual Fee*		50 0	
	•	oard for at least 7 days. 14 days from application	Board acceptance at the next date as Constitution.		
Date Accepte	ed	Form 2			

PAYMENT METHODS:

- 1. By cash/cheque
- 2. By Funds Transfer Bank Details BSB 084 952 Account # 217 635 605 (Please use your surname as reference)