



St Georges Basin Womens Bowling Club

APPLICATION FOR MEMBERSHIP FORM

NAME IN FULL

ADDRESS

PHONE NO DOB

MOBILE NO OCCUPATION

EMAIL ADDRESS

I would like to become a Member of SGBWBC and an affiliated Member of WBNSW & agree to abide by the Memorandum & Articles of the Country Club Ltd.

The following information is required:

The Country Club Membership No

Have you been a Member of any previous Bowling Club/s.....

Please state Club or Club names

Signature of Applicant.....Print Name

Signature of AcceptorPrint Name

Date

Club use only

Coaching Required Coaching not required.....

Application for Membership accepted

Letter Sent Fees paid

Approval received from WBNSW