

BAYSWATER BOWLING & RECREATION CLUB
58 MURRAY STREET BAYSWATER WA 6053
Tel: (08) 9271 4515 Fax: (08) 9271 0071

Application for Social Membership

I wish to become a Social member of the Bayswater Bowling & Recreation Club.

A Club year runs from 1st June – 31st May the following year.

If approved, I agree to conform to and abide by all current and future rules and by-laws of the Club.

SOCIAL MEMBERS are entitled to the privileges of the club, but are not entitled to vote or hold office in the Club.

Title: _____ Mr, Mrs, Ms, Dr, Rev etc

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Occupation/Business: _____ Date of Birth: ____ / ____ / _____

Home: _____ Work: _____

Email: _____ Receive email newsletter, please tick box

APPLICANT: (SIGNATURE) _____

FOR BAYSWATER BOWLING & RECREATION CLUB OFFICE USE ONLY:

Approved By: _____
First (SIGNATURE)

Approved By: _____
Second (SIGNATURE)

Application Date: ____ / ____ / _____

Office Use Only

Date Posted: ____ / ____ / _____ Next Elected Committee Meeting:

Membership database entry

Ledger entry

Notification Account sent

Receipt Issued