2 Rosewood Dr, Rural View Mackay, 4740

ABN: 74 243 916 500



doug@nbbowls.com.au

Ph: 07 49 548 677 Fax: 07 49 548 670

APPLICATION FOR MEMBERSHIP

Title: MR / MRS / MS / MISS			
First Name:			
Surname:			
Address:			
Town:			Postcode:
Email Address:			
Home Phone:		Mobile:	
ID:		Work Phone:	
Date of Birth:			
Signature:		Date:	
Declaration: I am aged 18 or over and declare that the information stated on this form is correct, and if accepted as a member, I agree to comply with and be bound by, the Constitution and rules of the club.			
Membership Fee Received By:			
Date:		Receipt No:	
Date Accepted:		TM Receipt:	
Entered into Register:		Membership No:	
Nominator:	Name: (Please Print)		
	Signature:		Mem No:
Seconder:	Name: (Please Print)		
	Signature:		Mem No:
Notes:			