

MARRICKVILLE BOWLING AND RECREATION CLUB APPLICATION FOR CLUB MEMBERSHIP FORM JULY 2023 - JUNE 2024

PLEASE FILL OUT IN BLOCK LETTERS – ILLEGIBLE OR INCOMPLETE MEMBERSHIPS ARE UNABLE TO BE PROCESSED

I, (Mr/ Mrs/ Miss/ Ms/ Dr/ Other)	Date Of Birth:
(Full Nam	e)
Of (Full address)	
	Postcode
Phone No:	Email Address:
Occupation	Country of Birth
Hereby apply to become a Bowling / Social / Junior member Constitution of the Royal New South Wales Bowling Association	er of Marrickville Bowling and Recreation Club subject to the ciation, and the Constitution of the above Club.
Do you intend to play bowls?	Yes or No
Are you currently a member of any bowling club?	Yes or No
If yes, state Club or Clubs	R.N.S.W.B.A. Reg No
Have you been a member of any Club, Bowling or otherwis	se? Yes or No
If yes, state Club or Clubs	
Have you ever been suspended, expelled or asked to resign	from any Club? Yes or No
If yes, state Club or Clubs	
be admitted to membership in this club unless he or she lodges will Clearance from the club of which he or she was last a member.	pers. Any person who has been a member of an interstate club shall not ith the Secretary of the latter club, plus R.N.S.W.B.A a Certificate of
Signature of Applicant	Date
COMPLETE THIS SECTION FOR BOY	WEING MEMBERCHIR ARRIVED A TRANSPORT ONLY
(Please fill out in Block letters)	VLING MEMBERSHIP APPLICATIONS ONLY
First Proposer Name	Acquaintance Period
First Proposer Signature	Badge Number
Second Proposer Name	Acquaintance Period
	Badge Number
-	-
	ar the Club offers members a choice how they would like to receive the onnaire and return it to the club immediately (Please tick your preferred
☐ The member may access the reports on the follow☐ The member may elect to receive the report as an Email:	ving website: www.marrickvillebowlingclub.com electronic copy via email. Please advise email address
	a hard copy of the report for the financial year at the club premises. a hard copy of the report for the financial year sent to their home address.