

## **NEWPORT BOWLS CLUB INC.**

4 Market Street Newport 3015

Phone: 9391 1212 Email: info@newportbowls.com.au

Web: www.newportbowls.com.au

## **MEMBERSHIP APPLICATION FORM**

## **PERSONAL DETAILS**

First Name:		Surname:	
Address:			
Suburb:		Postcode:	
Phone (H)		Mobile:	
Email:			
Date of Birth: (Required if playing pennant bowls)			
	ons: (please select) er (Bowling Member)	Annual Fee \$150	1 <sup>st</sup> Year Fee* Free - New Bowlers
	mber (Under 18 and must bowl) er (Non-Bowling Member)	\$55 \$100 \$55	\$75 – Has played Pennant Free \$100 \$55
☐ Social Men	iber	\$55	\$55 *Membership Year ends 31 March
Are you a member	ng to join Newport Bowls Club?  of another Bowling Club?	Yes 🗆	No
If yes, which Club a	and for how long?		
Do you agree to have your details included in the Club Handbook $\ \square$ Yes $\ \square$ No			
	itting this application form, I agree to acmembership application is pending acce		nd Constitution of the Newport Bowls Club. by the NBC Committee.
Applicants Name			
Signature			
Date			
Club Use Only: Date Application A Date Entered in Me		Mem	bership No.