

Rosehill BOWLING MEMBER APPLICATION FORM **ROSEHILL BOWLING CLUB**

Membership valid 1 January - 31 December

PLEASE COMPLETE BELOW:

Please complete your details be	low.			
I (Mr/Mrs/Miss/Ms):	First Name:	Surname:		
Surname:				
Of (Full Address)				
Suburb:	State:	Postcode:		
Home Phone:	Work Phone:			
Occupation:	Date of Birth: DE) / MM / YYYY		
I hereby consent to being admitted Turf Club Limited; and I agree to I		dembership as a Rosehill Bowling Clubstitution of the Club.	of the Au	stralian
Signature:		Date:		
MEMBERSHIP OPTION				
Please Tick 0 1 YEAR - \$85.0	0 (Membership valid fro	om 1 January – expires 31 December)		
FULL MEMBERSHIP ONLY				
Have you ever been or are a curr	rent member of any C	lub(s) (Bowling or other)		○ No
If YES, please state the name(s)	of that Club(s)	Ü		
•	·	ign from any Club(s) (Bowling or other)	○ Yes	◯ No
If YES please state the name(s) of	of that Club(s)			
FULL MEMBERSHIP ONLY				
Please state your bowling experience	ce:			
3. Are you a national umpire?4. If transfering from interstate		r <u>o</u> ?	✓ Yes✓ Yes	○ No
_		resentation of Merit Badge/Tie Bar?	○ Yes	○ No
If YES, please indicate:				
I authorize th	ne Club to make reaso	nable inquiry regarding this applicatior	7	
OFFICE USE ONLY				
MEMBERSHIP				
Signature:		Date:		
Register No:		Badge No:		
Receipt No:				