

HAMILTON NORTH BOWLING CLUB Co-op Ltd

APPLICATION FOR MEMBERSHIP

For Identification purposes your application must be made in person.

I, (Mr/Mrs/Miss/Ms) _____
(Surname) (First Name)

Of _____ Post code _____
(Postal Address)

EMAIL: _____

I wish to become a Member of the Hamilton North Bowling Club Co-op Ltd subject to the constitution and the rules and by/laws of the club and/or (where applicable) the relevant sanctioned bowling association/s.

Date of Birth ___/___/_____ Female Male Occupation _____

Home Ph: _____ Business _____ Mobile _____

Membership Type: Full Bowler Multiple Bowling Junior Bowling **Social**

Signature _____ Date: _____

Full Bowling Membership Applicants only

Proposer: _____ Seconder: _____

Signature: _____ Date ___/___/___ Signature: _____ Date: ___/___/___

Are you a current Bowling Member of another Bowling Club? YES/NO

If so please list Club and Membership type:

Club: _____ MemberType: _____

Office Use Only: Amount Paid \$ _____ Membership No:

Identification:

Drivers Licence: _____ Pub Card: _____

Passport: _____