

KILLARA BOWLING CLUB LIMITED

ABN 12 000 097 807

6 Arnold Street Killara 2071

Phone 9498 2633

Incorporating Killara Bowling Club (men) and Killara Women's Bowling Club

MEMBERSHIP APPLICATION

Applicant's Full Name	Dr/Mr/Mrs/Ms/Miss	
Address – Street		
Suburb	Post code	Tel. No
Email address	Mobile	
Date of Birth (D/M/Y)	Present or previous occupation (optional)	
Have you ever been a member of a Bowling Club?	Yes/No	
If yes, please provide details:		
Do you have a preferred Given name (nickname)?		
Please CIRCLE status requested	FULL ASSOCIATE INTERMEDIATE JUNIOR SOCIAL	
Proposer's name	Period of Acquaintance	
Proposer's Signature		
Secunder's name	Period of Acquaintance	
Secunder's Signature		

This application is made with the express agreement to be bound by the rules and by-laws of the Killara Bowling Club Limited and the relevant Governing Body, Bowls NSW or Women's Bowls NSW.

Applicant's Signature _____ **Date** _____

Club use only

ACTIVITY	DATE
Notice Display	
Board Acceptance	
Letter of Confirmation	
Subscription received	
Member Locker No.	
Database update	