



Rathmines Memorial Bowling Club Co-Operative Ltd

STILLING ST RATHMINES 2283 PHONE : 4975 1955 FAX : 4975 1953

ADMINISTRATION PHONE : 4975 1711 ABN: 62752098512

Email: bar@rathminesbc.com.au

www.rathminesbc.com.au

MEMBERSHIP APPLICATION

MR/MRS/MISS/ NAME IN FULL: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMAIL ADDRESS: _____

Full Bowling Member \$106.00

I wish to become a FULL (Refer to Rule 19 (J)) Member of Rathmines Memorial Bowling Club Co-op Ltd subject to the Constitution of the Royal New South Wales Bowling Association Inc, the Newcastle District Bowling Association Zone 2 Inc. and the Club's Constitution and By-Laws. A copy of the Club Rules are available to purchase for \$5.00 or can be inspected at the Club.

Social Member 1 yr \$10 or 5 yr \$40

Social Bowling Member \$30

I wish to become a social member of Rathmines Memorial Bowling Club, subject to the Club's Constitution and By Laws.

Are you a member of a Bowling Club? _____ if yes how many years _____

Are you a member of any other Clubs, please state. _____

Do you intend to play bowls? _____

Have you ever been suspended, expelled or asked to resign from any Club, if so please state which ones _____

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

PROPOSER _____ SIGNATURE _____

SECONDER _____ SIGNATURE _____

PLEASE NOTE THAT PROPOSER AND SECONDER MUST BE FULL MEMBERS