



Ferntree Gully Bowling Club Inc.

Application for Membership

Given Name: _____ Surname: Mr/Mrs/Ms/Miss: _____

Address: _____ Suburb: _____ P/code: _____

Tel: _____ Mobile: _____ Date of Birth: ____/____/____
* Please circle your preferred phone number

Email: _____

Male Female Occupation (if retired state former occupation): _____

I hereby apply to become a FULL BOWLS / SOCIAL - BOWLS / SOCIAL - CLUB / JUNIOR BOWLS member of the Ferntree Gully Bowling Club and in doing so undertake to abide by the Club Constitution, By Laws and Regulations.

Tick appropriate box:

- I have not previously been a member of a Bowling Club
- My previous Bowling Club was: _____
- I am an accredited coach I am an accredited umpire I require coaching

Why do you wish to join Ferntree Gully Bowling Club?

Signature of Applicant: _____ Date: _____

If applicant is under 18 parent/guardian must authorise application.

Name: _____ Signature: _____ Tel: _____

Membership Committee: Accept Decline

Name of Interviewer: _____ Signature: _____ Date: _____

(OFFICE USE ONLY)

Membership Fee: \$	Date Paid: / /	Receipt Number:
Date posted on board: / /	Membership No.	Mentor Assigned:

If a clearance is required this form MUST be passed on to the Secretary for immediate processing.

***PLEASE NOTE THAT FULL BOWLING MEMBERS WILL HAVE THEIR PHONE NUMBER PRINTED IN THE BOWLING DIARY. IF YOU DO NOT WISH TO HAVE YOUR NUMBER PUBLISHED PLEASE ADVISE IN WRITING TO MANAGER@FTGBOWLS.COM.AU**