



# 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 member of the Ferntree Gully Bowling Club as a

- FULL BOWLS**     **SOCIAL MEMBER 1 - BOWLS (CAT 1)**     **SOCIAL MEMBER 2 - CLUB (CAT 2)**  
 **JUNIOR BOWLS**

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 is subject to Bowling Committee approval**

Bowling Committee:            Accept                        Decline             \_\_\_\_\_

(OFFICE USE ONLY)

Membership Fee: \$	Date Paid:    /    /	Receipt Number:
Membership No.		

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](mailto:MANAGER@FTGBOWLS.COM.AU)**