

Alexandra Bowling Club
APPLICATION FOR MEMBERSHIP

I wish to become a member of the Alexandra Bowling Club.

Surname: Given name: Title:

Address:

Home phone: Mobile

Email:

Gender: M / F Occupation

Membership category

Full: Full bowling rights, incl club, regional and national

Social: Clubhouse privileges only

Social Plus: Clubhouse privileges plus non-championship bowls (incl indoors)

Petanque: Petanque player with Clubhouse privileges

Student: Under the age of 24 and in full time education, Full membership rights
(circle one):

FULL SOCIAL SOCIAL PLUS PETANQUE STUDENT

Student only: School/College Date of birth

Other Club Memberships

Detail names of other Bowling Clubs in New Zealand of which you are or have been a member, and the years played:

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Declaration

I have read the Membership declaration and consent to becoming a member of Alexandra Bowling Club, Central Otago Bowls and Bowls New Zealand in accordance with that declaration.

Signature Date

Proposer Seconder

If applicant is under 18 then a parent or guardian must sign below:

I consent to the above person of whom I am parent/guardian becoming a member of the Club.

Name: Signed: Date:

OFFICE USE:

PaidAmt _____ Temp card _____ BoardApproved _____ Dbase _____

_____ Dlist _____ Card produced _____ Welcome _____ Finance _____