



MEMBERSHIP APPLICATION

Applicants are advised membership is subject to the Constitution and Rules of the Holdfast Bay Bows and Croquet Club Inc.

We, the undersigned proposers, both being members of the Holdfast Bay Bows and Croquet Club Inc. hereby nominate :-

APPLICANT

(This is a PDF input Form)

TITLE	SURNAME	GIVEN NAMES	PREFERRED NAME
DATE OF BIRTH	TELEPHONE HOME	TELEPHONE MOBILE OR WORK	OCCUPATION
HOME MAILING ADDRESS			POST CODE
EMAIL ADDRESS			PARTNERS NAME
ARE YOU A CURRENT MEMBER OF A BOWLS OR CROQUET CLUB	NAME OF CLUB		MEMBERSHIP CATEGORY PLAYING/GRADE/POSITION
If elected to membership I agree to be bound by the Constitution Rules and By Laws of the Holdfast Bay Bows and Croquet Club Inc.			SIGNATURE
APPLICATION FOR MEMBERSHIP TO THE FOLLOWING CATEGORY:			
FULL MEMBER ASSOCIATE STUDENT/JUNIOR SOCIAL INDOOR BIAS			
PROPOSERS			
SURNAME	INITIALS	SIGNATURE	
SURNAME	INITIALS	SIGNATURE	
FOR OFFICE USE ONLY			
APPLICATION RECEIVED		SUBS PAID	
RECEIVED BY		REGISTERED BOWLS SA CROQUET SA	
DATE ON NOTICE BOARD		PHONE LIST	