



LEETON & DISTRICT Bowling Club

Membership Renewal Form

Member No: _____

Title: Mr Mrs Miss Ms Dr None [Please circle] Date of Birth: _____

First Name: _____ Surname: _____

Residential Address: _____

Postal Address: _____

Occupation: _____ If Retired, Previous Occupation _____

Telephone No: (Mobile) _____ (Home) _____ (Work) _____

Email: _____

Tick the Appropriate Box for Membership

SOCIAL MEMBER	1 YEAR	\$ 10.00 <input type="checkbox"/>
	3 YEAR	\$ 25.00 <input type="checkbox"/>
PENSIONER	1 YEAR	\$ 8.00 <input type="checkbox"/>
	3 YEAR	\$ 20.00 <input type="checkbox"/>
BOWLING MEMBER	MEN	\$125.00 <input type="checkbox"/>
	LADIES	\$125.00 <input type="checkbox"/>
	JUNIOR	\$ 50.00 <input type="checkbox"/>

Having renewed my membership, I hereby apply for membership at the Leeton & District Bowling Club Limited and agree to abide by the Constitution, By-Laws and Code of Conduct of the club.

Signed: _____ Date: _____



Please indicate how you would like to receive the Annual Financial Report:

- I wish to receive a hard copy of the report by mail
- I wish to receive the report by email
- I do not wish to receive the report

OFFICE USE ONLY	
Receipt No:	_____
Date:	_____
Amount:	\$ _____

CARD ISSUED
DATE _____

Membership Renewal Form Oct 2025

BOARD USE ONLY
The above mentioned member is Accepted / Not Accepted as a Full Bowling Member of the Leeton & District Bowling Club Ltd.
Signed _____