



Membership Nomination Form

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

First Name: _____ **Surname:** _____

Residential Address: _____

Postal Address: _____ / Same as Residential Address

Email: _____

Occupation: _____ **Phone No:** _____

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	\$130.00 <input type="checkbox"/>
	LADIES	\$130.00 <input type="checkbox"/>
	JUNIOR	\$ 50.00 <input type="checkbox"/>
EOFY \$2 MEMBERSHIP	VALID UNTIL MAY 31ST 2026	\$ 2.00 <input type="checkbox"/>

Proposed by: _____ Member no. _____ Signed _____

Seconded by: _____ Member no. _____ Signed _____

Having been proposed and seconded, 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: \$	_____

BOARD APPROVAL	
Signed	_____
Date	____ / ____ / ____