



Membership Nomination Form

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

First Name: _____ **Surname:** _____

Residential Address: _____

Postal Address: _____

Occupation: _____ **Telephone No:** _____

Tick the Appropriate Box for Membership

SOCIAL MEMBER	1 YEAR 3 YEAR	\$ 10.00 <input type="checkbox"/> \$ 25.00 <input type="checkbox"/>
PENSIONER	1 YEAR 3 YEAR	\$ 8.00 <input type="checkbox"/> \$ 20.00 <input type="checkbox"/>
BOWLING MEMBER	MEN LADIES JUNIOR	\$130.00 <input type="checkbox"/> \$130.00 <input type="checkbox"/> \$ 50.00 <input type="checkbox"/>
END OF YEAR \$2 MEMBERSHIP	VALID UNTIL MAY 31ST 2026	\$ 2.00 <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
- do not wish to receive the report

OFFICE USE ONLY

Receipt No: _____

Date: _____

Amount: \$ _____

BOARD APPROVAL

Signed _____

Date / /