COOLUM BEACH SPORTS CLUB
SOCIAL MEMBERSHIP APPLICATION

Personal Information:

Title _____ First Name: _____

Last Name_____

Address: _____

_____

State: _____ Postcode: _____

Postal Address: _____

_____

State: _____ Postcode: _____

Home Phone: _____

Business Phone:_____

Mobile:_____

E-mail: _____

Date of Birth: _____ Age: _____

Occupation: _____

Membership Fees must accompany this application. Applications will be considered by the Board of Management. Membership cards will be available for collection at the bar for approved members.

IDENTIFICATION—STAFF Use Only

Type of ID

_____

ID Number:

_____

Expiry Date: ___/__/____

Signature verified Yes/No

Sighted by:

_____

Declaration:

Do you agree to abide by the Constitution and By-Laws of the Coolum Beach Bowls Club Inc? Yes / No

Signature of Applicant: _____

Date: ___/___/_____

PROPOSER & SECONDER MUST BE BOWLING MEMBERS

Proposer: (Please Print) _____

Signature of Proposer: _____

Seconder (Please Print) _____

Signature of Seconder: _____

STAFF use only:

Date Approved: ___/___/__

Entered by: _____

Approved by:

_____

Membership Number:

_____