



# Scone Bowling Club Limited

ABN 17 001 039 854

PO Box 290  
28-32 Gundy Road  
Scone NSW 2337

Phone: 6545 1511  
Fax: 6545 1281  
Email: sbc@sconebc.com.au

## Application for Membership

I wish to become a member of the Scone Bowling Club Limited & by signing this application form, I agree to abide by the Constitution & By-Laws of Scone Bowling Club Limited.

Membership Fees are to be paid in full at time of application. Applications not accompanied by the proscribed fee will not be considered by the Board of Directors for election as a Member.

Please print all details

Please circle

Surname \_\_\_\_\_ Mr Mrs Miss M's

Given names \_\_\_\_\_

Address \_\_\_\_\_

Suburb / Town \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

My present occupation is \_\_\_\_\_

<b><u>Membership Categories</u></b>	Social - 1 year \$5.00 <input type="checkbox"/>	Social - 3 Years \$10.00 <input type="checkbox"/>
	Full Member Bowling - Male \$70.00 <input type="checkbox"/>	Full Member Bowling - Lady \$7.00 <input type="checkbox"/>
	Bowls NSW M/s No. _____	(must be member Scone WBC)

Have you ever been suspended, expelled or resigned from any other club? \_\_\_\_\_

Name of club \_\_\_\_\_ Reason \_\_\_\_\_

Do you wish to receive an Annual Report each year Yes / No Post  Email

Signature of Applicant \_\_\_\_\_

### Office Use Only

Identification type sighted - NSW Drivers license  Other \_\_\_\_\_

Authorising Officer Name \_\_\_\_\_ Signed \_\_\_\_\_

Amount of Fee paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ Dated Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Number allocated \_\_\_\_\_ Card printed  Dated accepted \_\_\_\_/\_\_\_\_/\_\_\_\_