

CANUNGRA BOWLS CLUB INC.

Phone: 07 5543 5223
PO Box 07
CANUNGRA QLD 4275

Email: Canungrabowlsclub@gmail.com
18-22 Christie Street
CANUNGRA QLD 4275

APPLICATION FOR FULL ADULT MEMBERSHIP

First Name:
Surname:
Address:
Town:
Postcode:

Email Address:
Home Phone:
Mobile:
Work Phone:
Date of Birth:

DECLARATION:

I am aged 18 years or over and declare that the information I have stated on this form is true and correct.
Upon acceptance as a member, I agree to comply with the constitution and rules of the club as provided to me.

Signature:
Date:

NOMINATOR

Name: (Please Print)

Date:
Signature:

SECONDER

Name: (Please Print)

Date:
Signature:

NOMINATION FEE \$ 12.50

Receipt No:

Date:
Signature:

MEMBERS REGISTER ENTRY

Date: