

# WISEMANS FERRY BOWLING CLUB

5565 Old Northern Road, Wisemans Ferry NSW 2775 ABN 47 001 067 361

Ph: (02) 4566 4307 Email: manager@wfbc.com.au

## NEW MEMBERSHIP APPLICATION (\*denotes compulsory)

\*Surname (Mr Mrs Miss Ms).....

\*Given Name/s:.....

\*Residential Address:.....

.....\*Postcode:.....

\*Postal Address:.....

.....\*Postcode:.....

\*Occupation:.....\*Date of Birth:.....

Home Phone:.....Mobile:.....

Work Phone:.....

Next of Kin:.....Phone:.....

To receive our newsletter and club entertainment updates please provide email address:

Email:.....

*(Email is private and confidential and used for club marketing only)*

### TYPE OF MEMBERSHIP APPLIED FOR:

- |   |  |                 |
|---|--|-----------------|
| <input type="checkbox"/> FULL BOWLING   | Entitles you to vote at AGM                        | \$120 Per Annum |
| <input type="checkbox"/> FULL ASSOCIATE | Entitles you to vote at AGM                        | \$25 Per Annum  |
| <input type="checkbox"/> SOCIAL MEMBER  | Voting after 5yrs continuous membership            | \$10 Per Annum  |
| <input type="checkbox"/> LADY BOWLER    | Please request separate form available from office |                 |

If duly elected to the Club, I hereby agree to abide by the Constitution of Wisemans Ferry Bowling Club Ltd

Signature of Applicant ..... Date.....

Proposer Name:.....Sign:.....Date:.....

Secunder Name:.....Sign:.....Date:.....

Please circle:      *Membership Card Mail out*    OR    *Collect from the bar*

Credit Card payment facilities are available please call the Club 45664307

### Office Use:

ID Type:.....ID No.....

ID Checked by - Staff Signature.....

*Staff to note: The only acceptable forms of Identification are - Photo Card, Passport, Driver's License or Pension Card*