



MOONTA MEMORIAL PARK BOWLING CLUB INC.

NEW MEMBER APPLICATION FORM*

We the undersigned wish to nominate:

Applicant's name:
please print

.....

Date of Birth:

...../...../.....

Postal Address:

.....

.....Postcode:.....

Telephone Number:

..... Mobile Number:.....

Previous Occupation:

.....

Emergency Contact:

..... Contact Number:

Email Address:

.....

Full Membership

Yes No

Social Membership

Yes No

Nominated By:

.....

Seconded By:

.....

Applicant's Signature

.....

Applicant's Bowling History

Previous Club:

.....

Divisions Played:

1st 2nd 3rd 4th

Positions Played:

Skipper No.3 No.2 No.1

National Umpires Certificate
If currently held

Yes No

Accredited National Coach

Yes No

Accepted by Administrative Committee

Date/...../.....

Signed:

President:

Secretary:

.....

* Private information on this application form may well be used by relevant Bowling Associations for registration purposes.