

APPLICATION FORM SOCIAL MEMBERSHIP



PELICAN WATERS BOWLS CLUB INC.
49 NELSON STREET, GOLDEN BEACH. Q 4551

PERSONAL DETAILS (PLEASE PRINT)

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Surname

Christian Names

Preferably known as

--	--

Street Address

Suburb

--	--	--

Post Code

Phone Number

Email address

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Birth Month

Identification : Drivers Licence No

THE ISSUING OF A SOCIAL MEMBERSHIP CARD CONFERS SOCIAL MEMBERSHIP AND APPLICANTS ARE WELCOME THEREAFTER TO USE THE CLUB'S SOCIAL FACILITIES.

NOTE: Membership applies for 12 months from the date of payment of the Annual Membership Fee as detailed on the Membership Card.

CERTIFICATION

I enclose herewith the Annual Membership Fee of \$5.00. I certify that the above information is true and I agree to comply with and be bound by the Constitution and By-Laws of the Pelican Waters Bowls Club Inc.

Signature of Applicant Date

ENDORSEMENT and DATABASE ENTRY (By Staff)

Social <small>Member Class</small>	Social Men / Social Ladies <small>Social Group</small>
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Membership Number

Receipt Number

Receipt Date (Date Joined)

ID sighted and Receipt issued by: **Initials**
Staff Member Name

Database updated and Membership Card Issued by: **Date** / /
Staff Member Initials

MEMBERSHIP SECRETARY ACTION

Checked by Membership Secretary: / /

Reported to the Board: / /

Vers.10/2019