



THE ROCK MEMORIAL BOWLING CLUB

Application for Membership

I (full name)

Of (address)

hereby apply to become a member of The Rock Memorial Bowling Club Limited. In the event of my admission as a member I agree to abide by the Memorandum and Articles of Association, Regulations and By-Laws of The Rock Memorial Bowling Club.

I certify that I am over eighteen (18) years of age.

Applicants Signature

Date of Birth __/__/__

Contact Number _____

Applicants Email Address _____

| | NAME | SIGNATURE | MEMBER NO. | DATE |
|--------------|------|-----------|------------|------|
| NOMINATED BY | | | | |
| SECONDED BY | | | | |

**NOTE – A FEE OF \$10 MUST ACCOMPANY THIS APPLICATION FOR 1 YEAR
MEMBERSHIP OR \$25 FOR 5 YEAR MEMBERSHIP**

DIRECT DEPOSIT

BSB 012 823 ACC 277879169