

## APPLICATION FOR MEMBERSHIP

Full Name:					
Preferred Name			Date of birth		
Address:					
Postal Address: (if different)					
Email Address:					
Mobile Number:		Home	Work		
Emergency Contact	t: Name		Relationship		
Mobile		Home No.			
Type of member	Full Member	New Bowler	Student	Social	
Name of current/pi	revious Bowling Clu	b:			
Current Affiliated B	Bowler Affiliate	ed in last 2 years	Bowlslink National ID #	‡	
Accredited coach -	Registered numbe	er:			
Accredited Umpire	e - Registered numb	oer:	Level:		
Please register me	as a Cheltenham B	owling Club Bowler v	vith Bowls Victoria		
List my name, addr	ress & phone numb	er in the Club Handb	ook and receive notifica	tions via email	
Are you happy to vo	olunteer your servic	es to the club?			
Gardening	Social Events	Barefoot Bowls	Corporate Functions		
Maintenance	Bar Service	Catering	Other		
Applicant Signature	9		Date		
Accepted On (date)					
Club Use Only:					
Bowlslink Entry	Email Entry	Club data Entry			