

# MACKAY NORTHERN BEACHES BOWLS CLUB INC

Rosewood Dve, Rural View, Qld, 4740

TITLE: MR / MRS / MS / MISS (circle the correct title)

FIRST NAME:

SURNAME:

ADDRESS:

TOWN:

Postcode:

EMAIL ADDRESS:

HOME PHONE:

MOBILE:

ID:

WORK PHONE:

DATE OF BIRTH:

DECLARATION: I am aged 18 or over and declare that the information stated on this form is correct and if accepted as a member, I agree to comply with and be bound by, the Constitution and rules of the club.

Signature of

Applicant:

Date:

MEMBERSHIP FEE RECEIVED BY:

Date:

Receipt No:

Date Accepted:

TM Receipt:

Entered into register:

Membership No:

**Nominator:**

**Name: (Please Print)**

**Bruce Wilson**

**Signature:**

**MEM No: 7**

**Secunder:**

**Name: (Please Print)**

**Robert Lynch**

**Signature:**

**MEM No: 8**

Notes: