

Postal Address: P.O. Box 94, Pakenham Vic 3810 President: David Moore Phone: 5941 1521 Email: pakenhambowlingclub@bigpond.com Secretary: Frank Grant

Application for Membership

Your Details (required)	National ID (If known)		
SURNAME			
GIVEN NAMES			
ADDRESS			
SUBURB	POSTCODE		
MOBILE			
EMAIL			
DATE OF BIRTH			

EMERGENCY CONTAC (required)	CT NAME		PHONE NUMBER
MEDICAL CONDITIONS cal attention is required.		clare if you	'd like the club to be aware of in the instance that medi-
Do you hold a current?	CPR Certificate	YES	NO
	RSA Certificate	YES	NO
Wa	orking with Children Check	YES	NO
If yes, to Working with	Children, please select volun	teer or emp	ployment and include application number.
Employement Volunteer	WWC Number:		Expiry Date:

Previous bowls history (if applicable)

MEDICAL CONDITIONS - optional information to declare if you'd like the club to be aware of in the instance that medical attention is required.

Are you, or have you ever been a?				
	Coach	NO	YES	
	Umpire	NO	YES	
	Selector	NO	YES	
Do you wish to be coached in bowls	s?	NO	YES	
Have you ever been refused memb with another club or association?	ership	NO	YES	

Signature of Applicant	Date:

Nominators

We are full members of the Pakenham Bowls Club and nominate and second this Applicant for membership of the Club.

Proposer's Name (please print)	Signature and Date:
Seconder's Name (please print)	Signature and Date:

Membership Fees

Full Member	New Member	\$96.25
Full Membership	Renew	192.50
Intermediate Member	Social Bowler only no pennant/championships	\$55.00
Social Member	Non Bowling Member	\$33.00
Transfer Fees		\$30.00
Full Member 80+	80 or over after April 1st of Year of Membership.	96.25

Date:

Approved / Rejected

Process completed by: Name:

Date: