

Your Details

Title: Mr Mrs Ms	Miss Dr	Other		Last Name:	
First Names:		Preferred Na	ame:	Date of Birth:	//
Residential Address:			Post Code:		
Postal Address if Differer	t:		Post Code:		
Home Ph.:	Mc	bile:		Email:	
Membership Choice			Please list Other Club Memberships		
Please Cross the box to elect		,	RNSWBA / NSW	/WBA Membership No	
Full Bowling Member – N Full Bowling Member – F			Do you intend to play bowls?Yes / NoHave you ever been expelled, suspended or refused admission to this or any other Club or any other licensed premises?Yes / No		
I elect to receive a copy of By usual mail	of the LBC Annu By Email	al Report	If YES, please giv	ve reason and date membership	
I do not wish to receive a copy of the Annual Report			Office Use Only:	: ficate sighted Y/N Acceptance	
Junior Bowlers	Free		Entered in regis	ter//	
Social	\$ 10.0	0 1 year		WWBA Register//	/
Social	\$ 20.0	0 3 years		Class	
Social	\$ 30.0	0 5 years	Rcpt. No	Date/ Ar	nt. \$

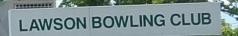
Please supply appropriate photo identification to the Club at the time of submitting your application form.

- 1. Acceptance of membership must be approved by the board of directors.
- 2. If membership not approved you will be notified and all monies refunded.
- 3. Membership card may be collected from the bar at which time your photo will be taken for your membership card.
- 4. If card lost replacement fee of \$3.50 applies.
- 5. Membership year 1st July to 30th June (following year)
- 6. The applicant is required to complete the details on this page. It is important that where the applicant is or has been a member of another bowling club that he/she is in possession of a clearance certificate from the other club in accordance with the constitution of the Royal NSW Bowling Association / NSW Women's Bowling Assoc. Inc. and, as per schedule of the same constitution. If you become a multi member of this club and your "present" or "main" club is not Lawson Bowling Club, you are not eligible to vote at Annual General Meetings or to play in championships or pennant games for Lawson Bowling Club.

SIGNATURE of APPLICANT: _

DATE of APPLICATION: ____/___/____

FAILURE to complete form correctly and completely will delay your application and will require the form to be returned to you.



RESTAURANT

Think is in the



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LAWSON BOWLING CLUB LTD 2 Loftus Street, Lawson NSW 2783 Ph: 02 4759 1417

www.lawsonbc.com.au www.facebook.com/lawsonbc

Membership Application

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