WISEMANS FERRY BOWLING CLUB

5565 Old Northern Road, Wisemans Ferry NSW 2775 ABN 47 001 067 361

Ph: (02) 4566 4307 Email: manager@wfbc.com.au

NEW MEMBERSHIP APPLICATION (*denotes compulsory)

*Surname (Mr Mrs Miss N	Ns)	•••••
*Given Name/s:		
*Residential Address:	•••••	
	*Posto	ode:
*Postal Address:		
*Postcode:		
*Occupation:*Date of Birth:		
Home Phone:	Mobile:	
Work Phone:		•••••
Next of Kin:	Phone:	•••••
To receive our newsletter and club entertainment updates please provide email address:		
Email:		
(Email is private and confidential and used for club marketing only)		
TYPE OF MEMBERSHIP AP	PLIED FOR:	
• FULL BOWLING	Entitles you to vote at AGM	\$80 Per Annum
• FULL ASSOCIATE	Entitles you to vote at AGM	\$25 Per Annum
SOCIAL MEMBER	Voting after 5yrs continuous membership \$10 Per Annum	
• LADY BOWLER	Please request separate form available from office	
If duly elected to the Club, I he	ereby agree to abide by the Constitution of Wis	emans Ferry Bowling Club Ltd
<u>Signature of Applicant</u>	Dat	e
Proposer Name:	Sign:	Date:
Seconder Name:	Sign:	Date:
Please circle: Mem	bership Card Mail out OR Collect f	rom the bar
Credit Card payment facilitie	s are available please call the Club 4566430)7
Office Use:		
ID Type:	ID No	
ID Checked by - Staff Sig	gnature	
Staff to note: The only acceptable forms of Identification are - Photo Card, Passport, Driver's License or Pension Card		