

Cobar Memorial Services and Bowling Club Ltd

ABN: 27 000 869 821

Application for Membership

ALL MEMBERS MUST ABIDE BY THE MEMORANDUM AND BY-LAWS OF THE COBAR MEMORIAL SERVICES AND BOWLING CLUB.

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

EMAIL: _____

DATE OF BIRTH: _____ TELEPHONE NO. _____

EMPLOYED BY: _____

OCCUPATION: _____ PERIOD OF RESIDENCE IN COBAR: _____

DRIVERS LICENSE OR BIRTH CERTIFICATE NO. _____

*I hereby make application for membership to this club and agree, if admitted, to abide by all conditions of the articles of association, by-laws and regulations of the Club Liquor Laws and Companies Act
Application for membership must be displayed within the club for a period of not less than 7 days prior to acceptance by the Board of Directors.*

I understand that if granted membership, I must produce my club badge each time I enter the club.

Signature of Applicant: _____ Date: _____

Approved by Board: _____ Date: _____

Class of Membership:

TPI & Age Pensioners	\$3.00	GST Incl
Membership Renewal	\$13.00	GST Incl
New Member	\$15.00	GST Incl

Office Use Only

Class: _____ Receipt No. _____ Badge No. _____
Date: _____ Meeting Date _____ New/ Re-joining Member