



MEMBERSHIP APPLICATION



THE FLINDERS GOLF BOWLS CLUB

Application No.

Date Received.



FLINDERS GOLF BOWLS CLUB

I hereby make application to become a member of The Flinders Golf Bowls Club.
If elected I agree to be bound by the Rules and By-Laws of the Club.

Entry Level Category of Choice:

- Full Fee-Paying Member
- Golf Club Member
- Social Bowls Member
- Junior Member

Name of Applicant (block letters) Mr/Mrs/Ms
Surname Given Names

Private Address

Suburb Post Code

Telephone No. Mobile Holiday

Date of Birth Email

The Committee requires that the Proposer and Secunder are Voting Members of the Club.

Name of Proposer..... Name of Secunder.....

Signature of Proposer..... Signature of Secunder.....

Signature of Applicant Date