

Social Membership Application Form



First Name:			Surname	:				
Physical Address:						Post	Code:	
Postal Address: (If different from above)						Post	Code:	
(in different from above)								
Mobile Phone	Membersh			ship	hip \$5.00 for Three-year term.			
Number:			Fee:		Date:	/	/	
Email address:								
Occupation:			DOB:			/ /		
I confirm that I am NOT UNDER 18 years old and I agree to comply with and abide by the rules and Terms and Conditions of the New Farm Bowls Club Inc. The Terms and Conditions are available on the Clubs Website. I give permission for the use of bowls related photos and information being shared on the Club's website and Facebook page. The Club will otherwise protect my personal information.								
Applicants			Date:					
Signature:								
Staff Member					Identification/Age Checked			
Name:		. .			Nembersh	nip Card	Issued	
Office Use:	Membership Da Number:		2: /	Fees Paid 🗖		Added to		
		,		\$5.00)	Membe	ership List 📙	