



BALLAN BOWLING CLUB INC.

7-9 Cowie Street, Ballan VIC 3342
Postal: PO Box 106 Ballan VIC 3342
Phone: (03) 53681797 Fax: (03) 53681796
Email: ballanbc@hotmail.com Web: ballanbc.bowls.com.au

APPLICATION FOR MEMBERSHIP

Name: _____
First Middle Last

Address: _____
Number/Street Town/Suburb Postcode

Phone: _____
Home Mobile Work

Email: _____

Date of Birth: _____

Emergency Contact: _____
Name Phone No(s) Relationship to Applicant

Have you previously been a member of another club? Yes / No
Circle

If yes, provide details: _____
Club Name(s)

Membership class applied for: Full / Social
Circle

In the event of my admission as a Member, I agree to be bound by the rules and bylaws of the Club.

Applicant: _____
Signature Date

Proposer: _____
Name (Print) Signature Date

Seconder: _____
Name (Print) Signature Date