



27 Taylor Rd, Mangere Bridge | 09-634 1102

## MEMBERSHIP APPLICATION

**Type of Membership applied for (Please Tick)**

- |                                   |                          |                       |                          |
|-----------------------------------|--------------------------|-----------------------|--------------------------|
| <b>FULL YEAR MEMBER</b>           | <input type="checkbox"/> | <b>LIMITED MEMBER</b> | <input type="checkbox"/> |
| <b>1<sup>ST</sup> YEAR MEMBER</b> | <input type="checkbox"/> | <b>STUDENT MEMBER</b> | <input type="checkbox"/> |
| <b>SOCIAL MEMBER</b>              | <input type="checkbox"/> |                       |                          |

FULL NAME of Applicant \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Previous Club or New Bowler \_\_\_\_\_

Years Bowling \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

PROPOSER \_\_\_\_\_

SECONDER \_\_\_\_\_

*(Acceptance of this application requires the approval of the Executive Committee)*

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**FOR CLUB USE ONLY**

CLEARANCE SIGHTED

APPLICANT ADVISED

DATE OF APPROVAL