

Manning Memorial Bowling Club Inc.

Challenger Avenue Manning WA 6152
Phone 9450 4998 (Office), 9450 3410 (Bar); Fax 9450 6614
Email: manningeagles@bigpond.com

Social Membership Nomination Form

Only FULL members can propose a new member in any category.

Name: _____

Address _____ PC _____

Phone / Mobile _____

E-mail _____

In accordance with the Constitution of the Manning Memorial Bowling Club Inc., I apply for election in the following category of membership

Social Member

Dance Member

Jack Attack

Manning Rippers

Signed _____ Date _____

How did you hear about our club: (please tick relevant box / boxes)

Friends / family

Club's Facebook or other social media

Drive or walk past each day

"**Gotta Love The Bowlo**" advertisement

Looking to hire facilities

Other: _____

Proposed by _____ Signature _____ Club No _____
Please print name

Seconded by _____ Signature _____ Club No _____
Please print name

Fee to be paid at the bar.

Please note: Membership is until 30 June each year.

It is the individual's responsibility to renew their membership in July of each year.

Bar Staff use only: \$10 Fee. Till receipt to individual & copy retained in till-drawer.

1. Name of individual written on back of till receipt.

2. Membership card created and given to person.

3. Completed form placed on secretary's desk.

Card number issued _____ (insert)

Signature of person taking money _____