

Manning Memorial Bowling Club Inc.

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

Ordinary (Full) Membership Nomination Form

Only ORDINARY (full) members can propose a new member in any category.

Name: _____ DOB _____

Address _____ PC _____

Phone _____ Mobile _____

Occupation _____ email _____

Emergency Contact _____ Phone _____

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

Full Member

Junior Member

Restricted Member

Provisional member

I agree to pay fees within one (1) month of acceptance of this application.

Signed _____ **Date** _____

Fees can be paid at the bar: cash, credit card, and cheque, or Direct Debit:

CommBank, BSB: 066 102 009 03 515.

Club Information: (please place a \checkmark or **x** in each box).

Are you interested in volunteering your expertise or time?

Are you a member or an ex-member of another bowling club?

If yes, Name of club _____

If yes, when were you last a financial member of that club? _____

Are you under suspension or expulsion from any Bowling Club?

Proposed by _____ Signature _____ Club No _____
Please print name

Seconded by _____ Signature _____ Club No _____
Please print name

Club Staff Use Only:

1. Invoice sent _____ (date) with welcome letter. Subscription Fee \$ _____

2. Fee received. Receipt and Membership Card (number _____) posted or given _____ (date).

3. Club's database BWA (after a network search) Date of Transfer Request _____