

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 _____ (please print clearly)

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

SIGNATURE _____ **DATE** _____

In accordance with the Club's Privacy Policy, this information will not be provided for any form of commercial gain and will be maintained in a secure location electronically.

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: _____

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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. **Card number issued _____ (insert)**
3. Completed form placed on secretary's desk. **Initials of person taking money _____**

Secretary:

4. Link member details (Monitor) _____ Form to next Exec Comm Meeting _____ Add to .xlsx file _____