

HOPE VALLEY BOWLING AND COMMUNITY CLUB INC
PO BOX 55 HOPE VALLEY S.A. 5090 Phone 8396 2277

MEMBERSHIP APPLICATION 2023 - 2024

MR, MRS, MS MISS. SURNAME.....GIVEN NAME

ADDRESS POST CODE.....

PHONE (Home).....(Mob)..... DATE OF BIRTH.....

Email Address.....

Next of Kin..... PHONE

FULL MEMBER	\$ 280	
ASSOCIATE MEMBER	\$ 140	
NIGHT OWLERS	\$ 40	Please Circle
INDOOR BOWLER	\$ 40	
COMMUNITY MEMBER	\$ 10	
JUNIOR MEMBER	Nil	

APPLICANT PRINT NAME..... SIGNED.....

PROPOSER PRINT NAME..... SIGNED.....

SECONDER PRINT NAME..... SIGNED.....

I accept the nomination for membership and agree to abide by the Constitution and Rules of the Club

APPLICANTS SIGNATURE... ..DATE.....

The following details are to be completed by the applicant and given to the Management Secretary

If you have played bowls previously, what was the name of the Club.....

If you have been a member within the last two years you will need a clearance form from your earlier Club.

.Do you have a clearance form Yes / No.

Will you be available to play Men's Pennants on a Wednesday YES / NO Please Circle

Will you be available to play Women's Pennants on a Thursday YES / NO Please Circle

Will you be available to play Open Gender Pennants on a Saturday YES / NO Please Circle

In which position do you prefer to play Lead Second Third Skip Please Circle

If retired, what was your previous occupation?

If asked to volunteer, are you able to offer time to the Club ?.....

Is there a medical condition you would like the Club to be aware of ?.....
(Personal medical record booklets are available from the Club to be left in your bowls bags for emergencies.)
