



EDGE HILL CAIRNS BOWLS CLUB

APPLICATION FOR SOCIAL MEMBERSHIP Membership No. _____

I hereby apply for membership of EDGE HILL CAIRNS BOWLS CLUB

I declare that I am over 18 Years and agree to abide by Rules and By-Laws of the Club

Mr Mrs Ms Miss Other **(Please Circle)**

Surname First Name

Nickname Occupation

ID TYPE AND NUMBER

Address

Postcode

Postal Address Postcode

Telephone (H) Mobile

Email

Date of Birth Day Month Year

Signature of Applicant

Date of Application Day Month Year

This information will be treated strictly confidential in accordance with the Queensland Club Industry Code

OFFICE USE ONLY

Subscription fees applicable (Please Circle)

SOCIAL MEMBER \$10

RECEIPT Number