**APPLICATION FOR MEMBERSHIP OF THE IVANHOE BOWLING CLUB**

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| 1-11 John Street, IVANHOE VIC 3079 | Telephone (03) 9497 2656 |
| PO Box 168, lvanhoe VIC 3079 | ABN 78 684 616 139, ARN A0044373Z |

**I wish to apply for membership\* of the Ivanhoe Bowling Club Inc. as a**

1. Full Member 2. Social (Bowling) Member 3. Social (Non Bowling) Member

4 Student (U25 Full-time Student) 5. Junior **(\*Please circle one)**

**My Details:**

Name:…………………..…………………..……………………………………………………

Address:………………..………………………………………………………………………..

Suburb: ……………..…………………..……………………………. Postcode…………..

Occupation (or former occupation):………………………..…………………..……………..

Telephone: Mobile…………………..…………..………Home………………………………

Email: ………….…………………..…………..…………..…………………………………….

Date of birth:………/…………./.………… (Required by Bowls Victoria for registration)

Do you authorise the above phone number/email to be published in the Club Syllabus? Yes | No

I have been a member of the following Bowling Clubs (indicate Clubs and the years at each club eg ABC 2017-2019)

…………………………………..…………………………………. …………………………………………………….

**In the event of my admission as a member, I agree to be bound by the rules and by-laws of the Ivanhoe Bowling Club Inc. I understand that I have no guarantee of any pennant side position.**

**Signature of applicant** …………………..…………………..……………………………..

Proposed by …………………..…………………..…………………………………(Print and sign name)

Seconded by …………………..…………………..…………………………………(Print and sign name)

**Office action:**

Date application received . . .… . / . …. . / . . . . . . . . . Emailed/on notice board . . …. . / .… . / . . . . . .

Considered at Committee Meeting . …. . ./. .… ./. . . . . Committee Action. . .. . …..… . . . . . . . . .