



BULIMBA MEMORIAL BOWLS AND COMMUNITY CLUB INC.

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SOCIAL MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCKLETTERS WHERE POSSIBLE)

Annual Subscription - \$5.00

APPLICANT INFORMATION

Surname:

Given Names:

Address:

Phone Number:

Date of Birth:

Occupation:

SIGNATURE OF APPLICANT

Applicants Signature:

Date:

OFFICE USE ONLY

Membership Number:

Receipt Number:

Date of Acceptance:

Membership Fee Received:

Yes/No