## Rosewater Bowling & Social Club Inc.

## Application for Membership 2025/2026

Full Member

I wish to become a

|   | or Member (Please circle) al Member                                  |
|---|--|
| Name:   |  |
| (Surname)   | (First name)   |
| Address:  |  |
|   | Postcode:  |
| Telephone: (Private)(Mobile)                                |  |
| Emergency contact: Name                                     | Phone:   |
| Email address:  |  |
| Medical Conditions: (Allergies, Dia                         | betic etc)   |
| Date of Birth: / / Occupation:                              | Gender: Male / Female  |
| Have you previously played bowls?                           | ? Yes / No   |
| If Yes –  |  |
| (Club)  | (Position) (Division) ed to play pennant bowls on: - (Please circle) |
| Wednesday (Men)   | Thursday (Ladies) Saturday (Open Gender)                             |
| Please provide shirt size (polo).                           |  |
| Pennant shirt size:   | s/s or l/s   |
| NEW MEMBERS I hereby agree to abide by the rule if elected. | es of the club and of the relevant State and National Association    |
| Signature   | Date / /   |
| Nominated by  | Seconded by  |
| Signature:  | Signature:   |
| Office Use Only   |  |
| Elected / Rejected by the Rosewa                            | ter Bowling & Social Club Board on / /                               |
| Applicant advised by  | on the / / Amount Paid   |