

**Surname:** 

## **CAMBRIDGE BOWLING & RECREATION CLUB (INC.)**

ABN 85 968 704 021

Chandler Avenue West, Floreat WA 6014 PO Box 80 Floreat WA 6014

Phone: 08 9387 3018

## Membership Application

Given Names:

Address:		Postcode:
Date of Birth:	Occupation:	
Business Address:		
Contact No:	Mobile:	
Email Address:		_
Ihere Club (Inc.) and I intend joining as noted b	by apply for membership to the Ca elow.	mbridge Bowling and Recreation
On acceptance of membership of the Club Laws and the Code of Conduct that may be within the scope of the Constitution of the	e properly issued by the Managem	
Have you previously been or are at presen	at a Member of any other Club?	
If so, state club:		
Date:	Proposed by:	
Applicant:	Seconded by:	
	FEE STRUCTURE	
MEMBERSHIP TYPE	ANNUAL SUBSCRIPTION	TICK AS APPROPRIATE
Social Bowling Member	\$190	
New Full Member ( 1st year only)	\$149	
Dual Member	\$80	
Junior/Student Member	\$30	
Social Member	\$25	