



Club Musgrave

\$10 Life Social Membership

Mr / Mrs / Miss / Ms (Please circle)

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

MOBILE: _____ HOME PHONE: _____

EMAIL: _____

DATE OF BIRTH: / /

DATE OF APPLICATION: / /

SIGNATURE OF APPLICANT:

I hereby agree to abide by & honour the Constitution & Rules of the Musgrave Hill Bowls Club T/A Club Musgrave

OFFICE USE ONLY: ID CONFIRMATION

Photo ID ie Drivers License # :

Membership No:

\$10 Received:

Staff Initials:

Date:

