

\$10 Social Life Membership

Mr / Mrs / Miss / Ms (Please circle one)

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

SUBURB: _____

POSTCODE: _____

MOBILE : _____

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

Driver's License # / ID: _____

MEMBERSHIP No: _____

\$10 Received: _____

Staff Initials:

Date: