

PARKES BOWLING AND SPORTS CLUB LIMITED

ACN 001 059 301 ABN 34 001 059 301

NOMINATION FOR MEMBERSHIP (Read and fill in the top black section)

NAME (Please Print) Mr/Mrs/Miss:

Address:

Date of Birth:

.....

Phone:

Occupation:

Email:

I wish to be accepted as a Bowling or Social (delete as necessary) Member of the Parkes Bowling and Sports Club Limited and if accepted agree to abide by the rules and policies governing such membership.

Signature:

Date:

Nominated By: Signature: Membership No: _____

Seconded By: Signature: Membership No: _____

Type of Identification Sighted:

Secretary Manager: Receipt No: _____

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