



Kiama Bowling & Recreation Club Ltd.  
100 Shoalhaven Street Kiama 2533  
Ph: 02 4232 1176 Fax: 02 4233 1676

## MEMBERSHIP APPLICATION FORM

Name.Mr/Mrs/Ms/Miss.....

Address .....

Email.....Phone.....

Occupation.....

Date of Birth.....

**Category of Membership required: please circle**

Full Bowling – Mens                      Full Bowling - Ladies

Social                                      Junior

Are you a Member of another Club?

If yes please state which club .....

Signature of Applicant.....

*Only Full Bowling Members May Propose and Second New Members*

Name of Proposer ..... Member No.....

Signature Proposer ..... Date.....

Name of Seconder ..... Member No.....

Signature Seconder ..... Date.....

**Office use only**

Approved/Rejected

Date of Meeting.....