

# MEMBERSHIP APPLICATION



SALUTATION            MR / MRS / MISS / MS (Please circle)

FIRST NAME ..... SURNAME .....

ADDRESS .....

SUBURB ..... POSTCODE .....

EMAIL ..... DATE OF BIRTH.....

MOBILE ..... HOME TEL .....

## Are you affiliated with any of the following sports clubs?

Charlestown Cricket Club	<input type="checkbox"/>	Cardiff Junior AFC	<input type="checkbox"/>
Charlestown Junior FC	<input type="checkbox"/>	Cardiff AFC	<input type="checkbox"/>
Dudley Redhead United FC	<input type="checkbox"/>	Valentine FC	<input type="checkbox"/>

### MEMBERSHIP OPTIONS

<b>SOCIAL MEMBER</b>	<input type="checkbox"/> 1 Year - \$10.00	<input type="checkbox"/> 5 Years - \$40.00
	<input type="checkbox"/> 3 Years - \$25.00	<input type="checkbox"/> Perpetual - \$100.00
<b>SOCIAL MEMBER (CONCESSION/PENSIONER)</b>	<input type="checkbox"/> 1 Year - \$5.00	
<b>MALE BOWLING MEMBER</b>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> Locker + \$5.00 <input type="checkbox"/> Flying Bowlers + \$5.00
<b>MALE BOWLING NON-COMPETITION</b>	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Locker + \$5.00
	<input type="checkbox"/> Flying Bowlers + \$5.00	
<b>FEMALE BOWLING MEMBER</b>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> Locker + \$5.00
<b>FEMALE BOWLING NON-COMPETITION</b>	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Locker + \$5.00
<b>JUNIOR BOWLING MEMBER</b>	<input type="checkbox"/> \$2.00	<input type="checkbox"/> Locker + \$5.00

Junior bowlers parent / guardian's name.....Signature.....

TO PRESERVE THE ENVIRONMENT & SAVE PAPER THE ANNUAL REPORT IS NOW AVAILABLE ON THE CLUB'S WEBSITE  
[www.charlestownbc.com.au](http://www.charlestownbc.com.au)

- I require a printed Annual report instead of accessing it from the Club's Website.
- I wish to receive promotional material (including Gaming based Promotions) by mail or email.

I certify that I am over the age of 18 years (excluding Junior Bowling Members) and if my application is accepted,

**SIGNATURE** ..... **DATE** .....

#### OFFICE USE ONLY

Employee Name:	Date received		
Subscription Paid \$	Cash    Cheque    Eftpos	Member Number:.....	
Applicants ID: LICENCE,PENSION CARD or OTHER FORM of ID sighted:		Pension Number:.....	