



Calliope Central Bowls Club



Social Plus Membership Application Form

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

(Please print) First Name: _____

Surname: _____

Address: _____

_____ State: _____ P/C: _____

Postal Address: (If different to above) _____

Date of Birth: _____

Phone Number: _____ Mobile: _____

Email Address: _____

Social Plus membership for one year \$10.00

Social Plus membership for three years \$20.00

 **PLEASE NOTE:** In addition to use of the Bar, Bistro, "Pokies" "Barefoot Bowls" and other entertainment, social membership includes an allowance of **up to 3 CLUB COMPETITION GAMES** after which the member must become a **fully paid-up bowls member** to continue playing in games organised or conducted by CCBC or of a regular nature.

I hereby agree, if elected to become a member of Calliope Central Bowls Club., to be bound by the Memorandum and Articles of Association and By-Laws of the Club.

Applicant's Signature: _____ Date: _____

Please be aware that you may receive promotional club information when you sign up as a member. If you do not wish to receive this, please tick the box.

Nominated by: _____ Membership Number: _____

Seconded by: _____ Membership Number: _____

Membership No: _____ Date: _____

Receipt Number: _____ Amount Paid: \$ _____