

CORINDA BOWLS CLUB INC

SOCIAL MEMBER NOMINATION FORM



I wish to nominate as a Social Member:

First name _____ Surname _____

Address: _____ Post Code : _____

Home Phone: _____ W/Phone: _____ Mobile: _____

E-mail: _____ # Date of Birth: ____ / ____ / ____

I agree to abide by the Constitution and the Rules of the Club: Signed: _____

* PROPOSER (print): _____ SIGNATURE: _____

* SECONDER (print): _____ SIGNATURE : _____

DATE: ____ / ____ / ____

Date Paid: ____ / ____ / ____ Receipt No.: _____

* Must be completed. # Optional.

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