

ST ALBANS SHIRLEY CLUB INC

MEMBERSHIP APPLICATION

Please write clearly to ensure we get your details correct

DATE 2018/19 RENEWAL CARD NO:

STANDARD / GOLD CARD / JUNIOR (please circle)

NAME (Mr, Mrs, Ms) Date of Birth

.....

ADDRESS

SUBURB

.....**POSTCODE.....**

PHONE CELL

EMAIL.....

Are you a new member ? YES (please tick)

If so how did you hear about us

friend / family--- newspaper ad --- mail box flyer --- radio -----

Would you be interested in joining any of our Sports Sections ?

YES NO (please tick)

If yes, please tick from the following

Lawn Bowls Indoor Bowls Pool Cards

Table Tennis Ladies Social Club

I understand and agree to abide by the Rules & By Laws of the Club

Signature of Applicant