

Application for Registration



SEND BY: - FAX - 9283 4252, EMAIL- rnswwa@rnswwa.org.au or MAIL- PO Box A2186 Sydney South, NSW 1235

DO NOT SEND ANY PAYMENT WITH THIS APPLICATION

| | | |
|---|---------------------------------|----------------------------|
| Club Name: | Club No: | |
| Date: | Club Financial Year End: | |
| Surname: | Given Name(s): | |
| Address: | | |
| | Post Code: | |
| Email: | Home Phone: | |
| Date of Birth: | Mobile Phone: | |
| <input type="checkbox"/> Registered Player or <input type="checkbox"/> Individual Member* | Date Joined Club: | |
| <small>*Person must sign club application form giving consent to be a Member of Bowls NSW</small> | Previous Club: | |
| <input type="checkbox"/> Full Member | Grading (if known): | Bowls NSW Reg. (if known): |
| <input type="checkbox"/> Junior Member | | |
| Surname: | Given Name(s): | |
| Address: | | |
| | Post Code: | |
| Email: | Home Phone: | |
| Date of Birth: | Mobile Phone: | |
| <input type="checkbox"/> Registered Player or <input type="checkbox"/> Individual Member* | Date Joined Club: | |
| <small>*Person must sign club application form giving consent to be a Member of Bowls NSW</small> | Previous Club: | |
| <input type="checkbox"/> Full Member | Grading (if known): | Bowls NSW Reg. (if known): |
| <input type="checkbox"/> Junior Member | | |
| Surname: | Given Name(s): | |
| Address: | | |
| | Post Code: | |
| Email: | Home Phone: | |
| Date of Birth: | Mobile Phone: | |
| <input type="checkbox"/> Registered Player or <input type="checkbox"/> Individual Member* | Date Joined Club: | |
| <small>*Person must sign club application form giving consent to be a Member of Bowls NSW</small> | Previous Club: | |
| <input type="checkbox"/> Full Member | Grading (if known): | Bowls NSW Reg. (if known): |
| <input type="checkbox"/> Junior Member | | |