



## APPLICATION FOR BOWLS MEMBERSHIP



TITLE	SURNAME	GIVEN NAME (S)	PREFERRED NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	SUBURB	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

MOBILE NUMBER	HOME NUMBER	WORK NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS	ALLERGIES/MEDICAL CONDITIONS
<input type="text"/>	<input type="text"/>

OCCUPATION	SELF-EMPLOYED (Y/N)	EMPLOYERS NAME/BUSINESS NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you be interested in future sponsorship to support Eastwood Golf Club & promote your business?  Yes  No

EMERGENCY CONTACT NAME	RELATIONSHIP	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

### CATEGORY OF MEMBERSHIP

- Social Bowls  Full Bowls

\* Proof of Age required to allocate correct Membership fee/applicable discount for young members under 33yrs of age  
^ Residential address must be greater than 80km from Eastwood Golf Club to qualify

**Eastwood Golf Club**  
Liverpool Road, Kilsyth South VIC 3137  
[admin@eastwoodgolf.com.au](mailto:admin@eastwoodgolf.com.au)  
(03) 9728 2944



How did you initially find out about Eastwood Golf Club?

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Current Member         | <input type="checkbox"/> Previous Member            | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Local to area |
| <input type="checkbox"/> Internet/Google search | <input type="checkbox"/> Social Media (eg Facebook) | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other         |

DECLARATION OF APPLICANT

I hereby elect to be a member of Eastwood Golf Club, a company limited by guarantee and confirm that all information given in this application is true and correct.

I understand that this application for membership is subject to acceptance by the Board of Directors and that the Board is not bound to accept the application nor required to give any reason or consultation for non-acceptance.

I agree to abide by and be bound by the Club's Constitution, Rules and By Laws in force and any future amendments thereto.

I am fully aware of the financial obligation involved and that membership rights do not apply until all required payments are made.

I understand that if my personal details change I must notify the club immediately.

I accept that my contact details (name, phone and/or email) will be visible in the members directory (via members portal) for staff or members to contact as required (\*\* If you do not consent to your details being published in the club directory, please select box  \*\*)

APPLICANT'S FULL NAME	SIGNATURE (APPLICANT)	DATE
PARENT/GUARDIAN'S FULL NAME (FOR PERSONS UNDER THE AGE OF 18)	SIGNATURE (PARENT/GUARDIAN)	DATE

To submit your application please return your completed form to -

Email: [admin@eastwoodgolf.com.au](mailto:admin@eastwoodgolf.com.au)

In Person: Office hours 9.00am to 5.00pm (Monday to Friday)  
Pro-Shop hours 7.00am to 5.30pm

OFFICE USE ONLY	
Computer Search Name: _____	<input type="checkbox"/> MiMembership
Receipt Number: _____	<input type="checkbox"/> Email
Membership Category: _____	<input type="checkbox"/> Member Tag
Membership Number: _____	STAFF INITIAL: _____
Date Received: _____	
Date of Input: _____	

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