

# APPLICATION FOR MEMBERSHIP



Please complete the form below for any new or re-joining members. The Club will be invoiced once this form is processed if payment is required. Registration will be as at the date of processing by Women's Bowls NSW.

**New Member:** Anyone who joins WBNSW and HAS NOT been a member within the last 24 months – no fee

**Re-Joining Member:** Anyone who HAS been a member within the last 24 months – Applicable Fee applies

Club Name: \_\_\_\_\_ District: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>MEMBERSHIP STATUS</b>	<input type="checkbox"/> <b>NEW MEMBER TO WBNSW</b>	<input type="checkbox"/> <b>RE-JOINING MEMBER TO WBNSW</b>	
<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> <b>SILVER</b>	<input type="checkbox"/> <b>GOLD</b>	<input type="checkbox"/> <b>JUNIOR</b>
Title: _____	First Name: _____	Surname: _____	Middle Initial: _____
Postal Address: _____			
Suburb: _____		Postcode: _____	
Home Ph: _____		Mobile Ph: _____	
Date of Birth: _____		Member ID: _____	
Email Address: _____			
Affiliation Date: <i>(Date you joined the club)</i> _____			
Official:	<input type="checkbox"/> Umpire	<input type="checkbox"/> Coach	BA Number: _____

<b>MEMBERSHIP STATUS</b>	<input type="checkbox"/> <b>NEW MEMBER TO WBNSW</b>	<input type="checkbox"/> <b>RE-JOINING MEMBER TO WBNSW</b>	
<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> <b>SILVER</b>	<input type="checkbox"/> <b>GOLD</b>	<input type="checkbox"/> <b>JUNIOR</b>
Title: _____	First Name: _____	Surname: _____	Middle Initial: _____
Postal Address: _____			
Suburb: _____		Postcode: _____	
Home Ph: _____		Mobile Ph: _____	
Date of Birth: _____		Member ID: _____	
Email Address: _____			
Affiliation Date: <i>(Date you joined the club)</i> _____			
Official:	<input type="checkbox"/> Umpire	<input type="checkbox"/> Coach	BA Number: _____

<b>MEMBERSHIP STATUS</b>	<input type="checkbox"/> <b>NEW MEMBER TO WBNSW</b>	<input type="checkbox"/> <b>RE-JOINING MEMBER TO WBNSW</b>	
<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> <b>SILVER</b>	<input type="checkbox"/> <b>GOLD</b>	<input type="checkbox"/> <b>JUNIOR</b>
Title: _____	First Name: _____	Surname: _____	Middle Initial: _____
Postal Address: _____			
Suburb: _____		Postcode: _____	
Home Ph: _____		Mobile Ph: _____	
Date of Birth: _____		Member ID: _____	
Email Address: _____			
Affiliation Date: <i>(Date you joined the club)</i> _____			
Official:	<input type="checkbox"/> Umpire	<input type="checkbox"/> Coach	BA Number: _____

**Post:** Women's Bowls NSW  
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**Email:** [office@womensbowlsnsw.org](mailto:office@womensbowlsnsw.org)