

NEW / RE-OPENING CLUB REQUEST FORM

Date: _____

New Club Name: _____

Address: _____

Suburb: _____ Postcode: _____

Club Phone Number: _____

Email Address: _____

Is your club under NSW? Yes No

If no, which state is your club transferring from: _____

Description of Club: _____

If group is owned, name of group: _____

What is your preferred District? _____

How many members wish to be affiliated? _____

PRIMARY CONTACT:

Name: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

REGISTRATION FEES (payment applied after approved):

- Club Subscription - \$50.00
- New/Re-Joining Members - \$60.00
- Junior - \$30.00
- Transfer Member - \$25.00

Office Use Only

- | | | |
|--|-------|------------|
| <input type="checkbox"/> Constitution Approved | Date: | Signature |
| <input type="checkbox"/> Board Approved | Date: | Signature: |

Notes:

Please complete all details and return to Women's Bowls NSW by either:

Email: operations@womensbowlsnsw.org

Post: Suite 8.01, Level 8, 289 King Street, Mascot NSW 2020