

CLUB TURRAMURRA

Membership Application

MEMBERSHIP OPTIONS

Social

1 Year

3 Year

Bowling

1 Year

YOUR DETAILS

Title*

First Name*

Surname*

Gender

Occupation

Date of Birth*

/ /

Phone*

Email*

Address*

Postal

Address

if different

Identification*

ID Number*

Emergency Contact:

Name*

Phone*:

Relationship*

DECLARATION

I desire to become a member of Turramurra Bowling Club Limited and request you to place my name on the Register of Members accordingly. I agree to be bound by the Constitution and any rules, Regulations or By-Laws of the Club from time in force.

Note: Members will initially be Provisional. The Board reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Club Turramurra may contact you with information about promotions, events, and special offers.



I DO NOT wish to receive marketing communications from Club Turramurra.

Signature*

Date *

/ /