



## Application For Social Membership

Bargara Bowls & Sports Club Inc.  
P.O Box 8038 Bargara QLD 4670  
Phone: (07) 4159 2202  
Fax: (07) 4159 2255

**“PLEASE PRINT”**

Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I agree, if accepted, to abide by the rules of the Club and its by-laws which happen to be in force at any given time. I further agree to the circulation and/or publication of the information contained hereon to other members of the Club and in the interests of the Club.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Social Member 1 Year</b>	<b>\$5.50</b>
<b>Social Member 5 Years</b>	<b>\$22.50</b>

Pay By Credit Card: **VISA** or **MASTERCARD**

Name On Card: \_\_\_\_\_ (Must Match Applicant)  
Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
CVC Number: \_\_\_\_\_ (Last 3 or 4 digits on card back near magnetic strip)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pay by cheque or money order: Make payable to Bargara Bowls & Sports Club Inc.  
Include your payment with this form and mail to:*

Attention The Manager Bargara Bowls & Sports Club,  
PO Box 8038 Bargara QLD Australia 4670

<b>OFFICE USE ONLY</b>	Fee Paid: \$ _____	Receipt: # _____
Date Listed: _____	Member Number: # _____	