



Sunshine Coast & District Arm Bowlers

Application for Membership

Please complete this form and return to: sunshinecoastarmbowlers@gmail.com

All playing members must be a financial and affiliated member of a registered bowls club.

Application			
Name:			
Member of:		Member No	
Membership Type:	<input type="checkbox"/> Full Membership	<input type="checkbox"/> Associate Membership	

Full membership is for playing members & Associate membership is for non-playing members.

Proposed by: _____ **Signature:** _____

Seconded by: _____ **Signature:** _____

Details			
Address:			
		Post Code	
Contact No:			
Email:			
Club Shirt Size:	Men's Short Sleeve \$50 Long Sleeve \$55	Ladies Short Sleeve \$50 Long Sleeve \$55	
	M L XL XXL	10 12 14 16	
Preferred Position:	Lead Second Third	Skip Any	
Accreditation:	Coach Umpire Marker	Other	
Signed:		Date:	

Payment - Membership fee of \$25 plus shirt cost. Please use your name as the bank reference for EFT.

EFT Payment Name: SCADAB
 BSB: 124-171
 Account: 23413850

Email to: sunshinecoastarmbowlers@gmail.com