

Cooktown Bowls Club Inc.
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SOCIAL MEMBERSHIP APPLICATION

FIRST NAME:

SURNAME:

DATE OF BIRTH: / /

RESIDENTIAL ADDRESS:

TOWN:

POSTCODE:

POSTAL ADDRESS:

TOWN:

POSTCODE:

PHONE: (HOME)

MOBILE:

EMAIL ADDRESS:

IDENTIFICATION: (ID must be provided to ensure applicant is 18+)

LICENSE NUMBER:

OTHER ID: (MUST BE RSA APPROVED):

APPLICANT SIGNATURE

STAFF USE ONLY

FEES: (Please circle applicable membership)

1 YEAR MEMBER NUMBER _____

\$11.00

3 YEARS MEMBER NUMBER _____

\$20.00

MEMBER NUMBER AND CARD ISSUED



Issuing staff member signature: _____