

# NORTH HAVEN BOWLING AND RECREATION CLUB LTD

# SOCIAL MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM  
AND PRESENT AT THE BAR WITH YOUR SUBSCRIPTION

Surname : \_\_\_\_\_ Christian Names: \_\_\_\_\_

Residential Address \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(for insurance purposes)

Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Your **PROPOSER** and **SECONDER** must have been a member for at least 12 months)

**Proposer :**

**Secunder**

Print Name : \_\_\_\_\_

Print Name: \_\_\_\_\_

Member Number : \_\_\_\_\_

Member Number : \_\_\_\_\_

Period of Acquaintance : \_\_\_\_\_

Period of Acquaintance : \_\_\_\_\_

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

**ANNUAL SUBSCRIPTIONS \$6.00**  
**NO ENTRANCE FEE**

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OFFICE USE ONLY

Receipt Number : \_\_\_\_\_

Membership Number : \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Accepted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid : \$ \_\_\_\_\_

Classification : \_\_\_\_\_

Received by: \_\_\_\_\_