

New/Reopening Club

Request Form

Return to : membership@bowlsnsw.com.au



Club Details

Date:		
New Club Name:		
Address:		
Suburb:		Post Code:
Club Phone Number:		
Email:		
Is your club under NSW? Y/N:		
If no, which State is your club transferring from?		
Description of Club:		
If Group Owned, Name of Group:		
What is your preferred District/Zone?		
How many members wish to be affiliated?		

Contact Person

Name:		
Address:		Postcode:
Contact phone number:		Mobile:
Email:		

Office Use Only

Constitution Approved	Date:	Signature:
Board Approved	Date:	Signature:
Notes:		