



Social Membership Application Form

Name: _____

Address _____

Email Address: _____

Home Phone: _____ Mobile: _____

Date of Birth: _____

Occupation: _____

Proposed By: _____

Print Name

Signature

Seconded By: _____

Print Name

Signature

Applicant: _____
Signature

_____ Date

Social Membership \$5 for 1 year _____

In accordance with the Associations Incorporations Act 1981 you are advised that Robina Bowls Club Incorporated trading as Club Robina has Public Liability Insurance, the amount of insurance/limit of indemnity being \$10,000,000.

Membership Director

Please do not contact me with offers and specials

Membership #

Card Printed

Membership List Updated
