

2024 SOCIAL MEMBERSHIP APPLICATION \$5.00 (gst incl)

(Mr/ Mrs/ Ms/ Miss) Surname : _____

First Name: _____

Home Postal Address: _____

Post Code: _____ Phone Number: _____

Email: _____ DOB _____



If accepted as a social member, I agree to comply with and be bound by the constitution rules and by-laws of Broadbeach Bowls & Community Club Inc.

Applicants Signature: _____ Dated: _____

Please tick if you do not wish to receive communication from Broadbeach Bulls

Notice to joining Members

Broadbeach Bowls & Community Club holds public liability insurance with coverage up to \$20 million.

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