



bowentown boating & sport fishing club

Postal address:

Pios Road, RD 1
Katikati

Phone/Fax: 07 863 5006
Email: bbsfc@xtra.co.nz
Restaurant 07 863 5017

APPLICATION FOR JUNIOR MEMBERSHIP **(UNDER 16 YEARS OF AGE)**

Parent or Guardian must be a Financial Member of the Club

NAME: (Block Letters) _____
First Names Surname

Residential Address: _____

Postal Address: _____

Telephone Number: _____ **Mobile Number:** _____

Email Address: _____ **Date of Birth:** _____

I wish to apply for Junior Membership of the Bowentown Boating & Sport Fishing Club Inc.

Signature of Applicant: _____ **Date:** _____

Parent/Guardian: _____ **Signature:** _____ **Club No.** _____
(BLOCK LETTERS)

Proposer: _____ **Signature:** _____
(BLOCK LETTERS)

Seconder: _____ **Signature:** _____
(BLOCK LETTERS)

Entrance Fee: Junior Member Yearly Subscription \$20.00 (incl GST)

Office Use Only

Meeting Date: _____ **Card Number** _____ **Database:** _____