Southminster Bowls Club

Signature:

Membership Application

Please complete the form below:



Membership Type									
Full Bowling			£96			Junior Bowling	(Under 16)		£25
•	Senior)		£86			Associate	(£25
First Name:	_					Address:			
Last Name:						Town/City:			
	_					County:			
E-mail:						Post Code:		•	
Phone Number:	_								
Mobile Number:	-					Birth Date:			
	-								
Proposer/Mentor	Bowling Member)				Seconded by				
Name:						Name:			
Signature:	-					Signature:			
	-								
I have known			for	years, and be	lieve that they v	will be acceptable	e as a mem	ber of Southm	inster Bowls Club.
				-					
Declaration									
I understand that n	ny applic	ation will be subject to a	pproval by the clu	b committee, a	nd that their de	cision is final.			
		·		,					
To maintain the up	keep of t	he club and its facilities,	I am willing to be a	added to the rot	a for the follow	ing:			
Club Cleaning	-	General Maintenance		Green Care		Teas			
						-			
If accepted for mer	mbershir	o, I agree to abide by the c	club rules and regi	ılations.					
		f 18 must get this form sig							