

APPLICATION FOR MEMBERSHIP

CATEGORY : ORDINARY MEMBERSHIP
 YOUTH MEMBERSHIP
 SOCIAL MEMBERSHIP
 (Delete categories not applicable)

Name of applicant

Date of birth

Address

.....

.....

Post code

Telephone number.....

Are you at present, or were you in the past, a member of another bowling club?

Please state YES or NO. If YES, please give details:.....

.....

.....

Has the applicant any additional information in support of this application:

.....

.....

Signature of applicant:.....

Date

Proposed by:

Seconded by:

Upon admittance to the club each member will be presented with a copy of the constitution and members are expected to adhere to the conditions therein.

Please send completed application form to:

THE HON. SECRETARY
STIRLING BOWLING CLUB, ALBERT PLACE, STIRLING FK8 2QL