



STIRLING BOWLING CLUB

ALBERT PLACE, STIRLING, FK8 2QL

Tel 01786 464658

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.....Email.....

Are you at present, or were you in the past, a member of another Bowling Club? If yes, please give details.

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Does the applicant have any additional information in support of this application?

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.....

Signature of Applicant (*)Date.....

Proposed by

Seconded by

Upon admittance to the club, each member will be made aware of the Constitution and Rules and members are expected to adhere to the conditions therein.

YOUTH MEMBERSHIP APPLICATION CONSENT (*)..... (parent/guardian)

(*) IN LINE WITH THE REQUIREMENTS OF THE GDPR LEGISLATION I, THE ABOVE SIGNED, GIVE AUTHORISATION FOR THE COMPLETED APPLICATION FORM TO BE DISPLAYED WITHIN THE CLUB FOR GENERAL PERUSAL FOR A PERIOD OF NOT LONGER THAN ONE (1) WEEK FROM THE DATE OF SUBMISSION. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE AND WILL BE CONTAINED WITHIN THE CLUB.