

Babbacombe Bowling Club
MEMBERSHIP APPLICATION FORM

PLEASE PRINT ALL: Today's Date: _____

Name: _____

Address: _____

Post Code: _____ Telephone: _____

Email: _____

Date of Birth: _____

I'm applying for the following membership of the Club

___ Social ___ Full. ___ Junior

My Bowling Experience:

___ years indoors. ___ years outdoors. ___ Beginner

Name of most recent Club membership:

Important Consent Agreement: I consent to:

- 1) this form being displayed on the Club notice board for 14 days
- 2) the inclusion of my name and phone contact details in the annual Fixture's Book and on the list of members posted on the notice boards in the Clubhouse.
- 3) my details being kept in a file and on a computer by the General Secretary of the Club.

I agree to abide by the rules in the Club's Constitution & Bye-laws.

Applicant's Signature: _____

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