

SPIXWORTH BOWLING CLUB

APPLICATION FOR MEMBERSHIP

FULL NAME:.....

ADDRESS:.....

.....

DATE OF BIRTH: (IF UNDER 16 YEARS)

TELEPHONE NO:

MOBILE NO:

EMAIL:

I wish to apply for membership of Spixworth Bowling Club as a

- Playing Member
 - Associate Member
 - Junior/Student Member
- (tick which applies)**

I agree to abide by the rules of the Club.

Signed: Date:

Please return completed form to: spixworthbowls@gmail.com

PLEASE NOTE: If you are a member of more than one bowls club you cannot play for them both in the same league.