

Epsom Bowls

APPLICATION FOR MEMBERSHIP

TYPE of Membership applied for (Please tick)

- Full Member
- Associate
- New Members
- Petanque
- First Year Bowler
- Social
- Collegiate
- Other Please Specify

FULL NAME of Applicant _____

Postal Address _____

Telephone Number / Mobile _____

Email Address _____

Date of Birth _____

Name of Previous Club/New Bowler _____

Classification _____

SIGNATURE of Applicant _____

PROPOSER _____

SECONDER _____

(Acceptance of this application requires approval by the Board of Directors)

<u>FOR CLUB USE ONLY</u>	
Clearance Sighted	_____
Applicant Advised	_____
Auckland Bowling Centre Advised	_____
Date of 1st Publication	_____
Date of Approval	_____