



MEMBERSHIP APPLICATION FORM - PLEASE COMPLETE IN CAPITAL LETTERS

[delete as applicable] Full Playing/Non-Playing

Name and Address Mr/Mrs/Miss

Postcode

Email Address

Telephone Number(s)

Date of Birth

B.C.G.B.A Reg. No.

[If applicable]

Have you had any previous bowling experience:- YES/NO

If so, please name previous Bowling Clubs of which you are a member:-

If you are a member of any other sporting section on the Whitkirk complex or the Whitkirk Social Club please give details:-

Signature of Applicant

Date

Proposer

[Signature]

[Name in Capitals]

Secunder

[Signature]

[Name in Capitals]