



# Malmesbury Bowls & Social Club

## APPLICATION FOR MEMBERSHIP

Name: (MR/MRS/MS) \_\_\_\_\_

Full Address:

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership required [please tick]

Bowling

Junior Bowling

Social

Signature

Date

Amount paid

Date

Assoc member number

Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

The Proposer and Seconder must be FULL MEMBERS



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