APPLICATION FOR MEMBERSHIP

Mr, Mrs, Ms, Miss, N	1st					
		(Full Name – BLOCK	CAPITALS)		
Address:						
				Postcode:		
Telephone No:	4o: Mobile No:					
Email Address:				100000	Gebrus G	
Occupation:						
Date of Birth:						
MEMBERSHIP CATE	GORY					
Life 5 Year 7 Day 5 Day 2 nd Club*		Age 26 - 40 Age 18 - 25 Student Junior 3 Months Trial		Partners Country/Overseas Bowls Social Accessibility		
ADDITIONAL NOTES	ONLY FOR	GOLF MEMBERSHIP				
		ensuring that the application			Golf, Familia	
Last Club (if applicable / First if never)			Date left:			
Do you have a currer	nt Active Ha	ndicap Y / N Ple	ase confir	m your last actual		
CDH (Central Databa	se of Handi	caps – Lifetime number	·)			
Have you ever been	issued with	a CDH Number Y/N	l Nur	mber (if known):		
This form must be a	ccompanie	by one of the following	ng fees;			
A non-refundable de	posit of £30	0.00 will entitle the pro-	spective go	off member to use the	clubhouse	

facilities until confirmed as a member.