

EPSOM BOWLS

APPLICATION FOR MEMBERSHIP

TYPE of Membership applied for (please tick)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Associate |
| <input type="checkbox"/> New Member | <input type="checkbox"/> Petanque |
| <input type="checkbox"/> First Year Bowler | <input type="checkbox"/> Social |
| <input type="checkbox"/> Collegiate | |

FULL NAME of Applicant _____

Postal Address _____

Zip Code _____

Telephone Number/ Mobile _____

Email Address _____

Name of Previous Club _____

Classification _____

SIGNATURE of Applicant _____

PROPOSER _____

SECONDER _____

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