

APPLICATION FOR MEMBERSHIP

SURNAME		First Name/s			Mr / Mrs / Miss / Ms
D.O.B	(Please comple	ete required for	r record and re	eturn purpose	es only)
Address					
Post Code	T/Pho	one No		Mobile	
E-mail			For in	ternal purpo	ses only.
SECTION TO WHI	CH THIS APPI	LICATION A	PPLIES (Plea	ase circle cle	<u>early)</u>
BOWLING AND	SOCIAL				
OUTDOOR MEN	/ <u>LADIES</u>	INDOOR	MEN / LAD	<u>DIES</u> / <u>SUN</u>	<u>MMER</u>
SOCIAL ONLY					
DETAILS OF ANY I transferring from ano			•	new bowler	please indicate. If
Devon County Badg	e Holder Yes/N	0			
Exonia Bowling Clu those members who two or three hours a r gardening etc. or you area/s: Please tick Bar Maint	are able, assist in nonth and would may have "speci	in the daily ru include duties al" skills. I wo	inning of the s such as bar st ould be prepa	club. This w teward, tea d ared to assist	yould usually mean uties, maintenance, t in the following
If elected I agree to al	oide by the Rules	s and Regulation	ons of the Clul	b.	
Signed			Date .		
Exonia Bowling Club agencies or organisati governing bodies of b by captain's and othe	ons except wher owls. Your name	e it is a require e and contact r	ement of regist	tration with	the national or county
Accepted/ Rejected b	y Management C	Committee		Dat	e
Applicant advised					