

PLEASE COMPLETE	THIS FORM IN BLOCK CAP	ITALS.	
Full Name			
Address			
		Post Code	
Contact telephone nun	nbers: Mobile:	Home	
Email		Date of	birth://
Current & Previous Oc	cupations, if retired:		
(If you do, we ask tha	ent conviction, terms or cautic t such information is disclose ss your safety as well as othe	d to enable us to w	-
Yes	No		
Details :			
Previous bowling expe	rience & standard of play:		
If you are currently a m	nember of a bowling club, plea	ase state the name:	
Have you ever been re	fused membership of a bowlir	ng club?	YES / NO
Identification Verified b	y Drivers Licence / Passport /	' Bus Pass / Passpo	rt
By (Name) :	Position in Clu	ıbD	)ate:///
Signature of Applicant:		D	)ate:///
Mr John Wright, 6 Ea	npleted form to the Club Sec st Brunton Wynd, Gosforth, johnwright956@gmail.com		РТО

Thank you for your application. You will receive confirmation that your application has been received & is being processed.

You will be notified of the result of your application within 5 working days and the appropriate membership fee is then due. Information regarding payment details will be sent at this time.

Your contact details will then be available to club members to arrange games,

Please tick the box if you <u>do NOT</u> want your contact details to be available to members.