

# MEMBERSHIP APPLICATION FORM (a) CONSTANTIA BOWLING CLUB

<b>Club Secretary Use Only</b>
Date RECEIVED : _____ 20____
BSA No : _____
TAB No : _____
MEMBER No _____

***I hereby apply for membership of the above Bowling Club, and if accepted, I agree to conform to the Rules and Regulations of the Club, District Bowling Association and Bowls South Africa***

TYPE OF MEMBERSHIP : (Tick Box) FULL MEMBER  DUAL MEMBER  SOCIAL MEMBER

FIRST NAME/S \_\_\_\_\_ SURNAME \_\_\_\_\_

CONTACT PHONE NUMBERS :

CELL : \_\_\_\_\_

HOME : \_\_\_\_\_

WORK : \_\_\_\_\_

ARE YOU A NEW BOWLER (NEVER PLAYED BEFORE) \_\_\_\_\_.

IF YOU ARE A BOWLER, PLEASE FILL IN BELOW :

- Name of present club : \_\_\_\_\_
- Name of past club : \_\_\_\_\_
- Your BSA Number : \_\_\_\_\_
- Graded playing position : \_\_\_\_\_
- Number of years playing / played : \_\_\_\_\_
- Are you an Umpire : \_\_\_\_\_ If YES, please give your UMPIRE'S number : \_\_\_\_\_
- Are you a Coach : \_\_\_\_\_ If YES, please give your COACH'S number : \_\_\_\_\_

PROPOSER'S NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

SECONDER'S NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATED : \_\_\_\_\_