

IPPLEPEN BOWLING CLUB

FULL MEMBERSHIP APPLICATION

Secretary: Mrs. Shirley Northwood, 10 Mayfair Road, Ipplepen,
Newton Abbot, Devon, TQ12 5RN

Telephone : 01803 813980 Mobile: 07711 016495 Email : shirleypat@btinternet.com

NAME: Mr/Mrs/Miss..... Date of Birth.... /... /.....

ADDRESS:

..... POST CODE.....

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

E.MAIL ADDRESS

NATIONALITY

DISABILITY

EMERGENCY CONTACT NAME & NUMBER

CAR OWNER: Yes/No

OWN SET OF WOODS: Yes/No

Are you a member of any other Bowling Club: Yes/No

If YES, please name the club(s).....

Have you previously been a member of any other Bowling Club Yes/No

If YES, please name the club(s):.....

Number of years :.....

Are you willing to play in League/Competitions home and away? Yes/No

ANNUAL MEMBERSHIP FEE : £70.00 to be paid by 1st April each year.

(B.A.C.S payment preferred – details available from the Secretary)

I agree to read the protocol rules of the IPPLEPEN BOWLING CLUB and abide by them.

Signed..... Date:.....

Proposed by:..... Member

Seconded by Member

Please complete and return to the Secretary as above.

Data Protection Act. : I agree that my details may be circulated within the Bowling organisation.