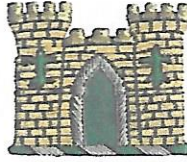


GATEWAY BOWLS CLUB



MEMBERSHIP APPLICATION FORM

Applicant Information				
Name:				
Date of Birth (if under 18):				
Current Address:				
Town:		County:		Postcode:
Membership Type (Tick box)	Single:	Family:	Junior:	Associate Member:
Email Address:				
Phone Number:				
Mobile Number:				
Spouse Information (if family membership)				
Name:				
Date of Birth (if under 18):				
Email Address:				
Phone Number:				
Mobile Number:				
Other Family Members				
Name:				
Date of Birth (if under 18):				
Mobile Number:			Email Address:	
Name:				
Date of Birth (if under 18):				
Mobile Number:			Email Address:	
I agree to abide by the Rules of Gateway Bowls Club				
Signature of Applicant:				
Signature of Spouse:				
Date:			Fee Paid: £	
Treasurers Signature:				