

TRURO CITY BOWLING CLUB
(Application for Full/Social Membership)

Title: Initials: Surname: Known Name:

Telephone: STD: Number: Membership Type:

Address:

Post Code:

Previous Bowling Experience:

I agree to abide by the Rules and Regulations approved by the Committee and Members at all times

Signed: Proposer: Seconder:
Date: Date: Date:

Approved: Chairman
 Secretary Date: