

TRURO CITY BOWLING CLUB

(Application for Membership)

Please use capital letters

Membership Type: Full / Social / Short Mat (please delete)

Title Surname Christian Names Date of Birth

Address: Telephone number:

..... Mobile number:

..... Email address:

Post Code:

Emergency Contact: Name: Relationship:

Contact Number:

Previous Bowling Experience:

I agree to abide by the Rules and Regulations of the club at all times. I also give consent for my personal details to be stored and used in the ways referred to in the Data Protection Regulation Notice which is displayed on the notice board.

Signed Proposer Seconder.....

Date: Date: Date:

Approved: (Chairman) Date:

Approved: (Secretary) Date: