

TRURO CITY BOWLING CLUB

(Application for Full/Social Membership)

Title: _____ Initials: _____ Surname: _____ Known Name: _____

Telephone: STD _____ Number: _____ Membership Type: (FULL/SOCIAL)

Address: _____
Previous _____
Bowling _____
Experience _____

Post Code: _____

I agree to abide by the Rules and Regulations approved by the Committee and Members at all times. I also give my consent for my personal details (Name, address and telephone number) to be stored and used in the ways referred to in the privacy notice which is displayed on the General Notice Board.

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

Approved: _____ (Chairman) Date: _____
Approved: _____ (Secretary) Date: _____