



APPLICATION FORM FORM ASSOCIATE SOCIAL MEMBERSHIP

ASSOCIATE SOCIAL MEMBERSHIP RUNS FROM **1 APRIL TO 31 MARCH** EACH YEAR.

PLEASE PRINT IN BLOCK CAPITALS

TITLE (MR, MRS, MISS, MS)	FORENAME/MIDDLE NAME	SURNAME
FULL ADDRESS		POSTCODE
EMAIL ADDRESS		DATE OF APPLICATION
MOBILE TEL NO	OTHER TEL NO	
OCCUPATION	DATE OF BIRTH	

ARE YOU AN EXISTING BOWLER? YES/NO

ARE YOU A MEMBER OF ANOTHER SECTION WITHIN BAINFIELD BOWLING & SOCIAL CLUB? YES/NO

A NON RETURNABLE DEPOSIT OF **£20.00** MUST ACCOMPANY THIS APPLICATION AND WILL BE DEDUCTED FROM THE ANNUAL FEE.

PLEASE NOTE THAT WE HAVE LIMITED ACCESS FOR THE DISABLED.

I (SIGNATURE) _____, IF ELECTED TO THE MEMBERSHIP OF BAINFIELD BOWLING & SOCIAL CLUB, AGREE TO ADHERE TO THE RULES AND THE CONSTITUTION OF THE CLUB.

Official use only

DATE OF APPLICATION RECEIVED	<input type="text"/>	DEPOSIT OF £20 RECEIVED (INITIALS)	<input type="text"/>
DATE OF ACCEPTANCE TO BAINFIELD	<input type="text"/>		
FOB NO.	<input type="text"/>	MEMBER NO.	<input type="text"/>
BALANCE PAID	<input type="text"/>	DATE	<input type="text"/>