



Coltbridge Bowling Club
1a Coltbridge Gardens,
Edinburgh, EH12 6AQ
email - coltbridgebc@gmail.com

Membership Application Form

PLEASE PRINT in Block Capitals

Mr, Mrs, Miss, Ms Full Name,	
Full Address	
Post Code	
Email Address	Date of Birth
Mobile No.	Home No.
Occupation	Date of Application

Are you currently, or have you been, a member of any other Bowling Club ? YES / NO If yes, what was the name of the club?

..... Date of joining Date of leaving.....

Note. A member is not allowed to represent more than one club in the same competition.

Electronic membership records are maintained that require your permission. Do you agree YES/NO

If elected to the membership of Coltbridge Bowling Club, I agree to adhere to the Rules and the Constitution of the Club. YES / NO.

Signature of

applicant.....

..... Date

.....

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Official Use | Date admitted