

DISS & DISTRICT BOWLS CLUB LIMITED

MEMBERSHIP APPLICATION FORM

Membership Number (office use)

Date:

(please complete a separate form for each member)

Full Name _____

Address _____

Postcode _____

Telephones Landline _____

Mobile _____

Email _____

Delete as
necessary

GENT

LADY

SOCIAL

JUNIOR

* I wish to apply to become a member of Diss & District Bowls Club Limited. I understand that my application must be approved by the General Committee.

* In making this application I agree to abide by all of the Club Rules and Bye-Laws, to pay all subscriptions and charges as they become due. I confirm that I have been provided with a copy of the club's constitution.

* If this application is approved I confirm that I agree to all of this information being maintained in a Register that is available to all members of the Club.

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* I accept that a joining fee may be payable at the rate pertaining at the date that my application is approved.

* I understand that the General Committee reserve the right to refuse any application. If, after my probationary period, my membership is not confirmed I understand that my membership subscription will be refunded

SIGNED _____

PROPOSED

SECONDED

Sign _____

Sign _____

Print _____

Print _____

for office use only

Date

authorised signatory

approved by Committee		
subscription and joining fee paid		
door code & calendar issued		
listed in membership register		