

**CHELTENHAM SPA BOWLING CLUB**

**APPLICATION FOR MEMBERSHIP**

I the under signed hereby apply for membership as indicated (please tick appropriate box) and agree to be bound by the Rules of the Club.

Full Bowling Member

Junior Member Under 18

Social Member (non bowling )

Visually Handicapped Member

Bowling Experience, if any

Previous Club (s)

I agree to volunteer my services for any appropriate duties if requested

Name and Title (Block Letters)

Title                      Forename    Surname

Address

Post Code

Telephone Number

Mobile Phone Number

Email Address

I agree, that if accepted, my details will be made available to other Club members in order that they may contact me for the purposes of Club activities.

Signature and date

Please return the completed form to

Cheltenham Spa Bowling Club  
St George's Square  
Cheltenham  
Glos.  
GL50 3HQ