SBC SBC		Shaftesbury Bowling Club	
		Barton Hill Playing Field Bleke Street Shaftesbury Dorset SP7 8QA	
Shaftesbury B Bleke Street Shaftesbury SP7 8QA	owling Club	Club Tel: 01747 850346	
Application for	Membership.	Date:	
l wish to Full Membe Please use block cap	rship Novice	of the Shaftesbury Bowling Club Associate	
Name		Home Tel:	
Address		Mobile No.	
		Occupation	
Town		Date of birth	
Post Code		Email	
Please enter the nai	me of any previous Bowling (Club/s where you have been a member and their Tel. No.	
Previous Club			
l would he inter	rested in receiving assig	stance in respect of the following:	

the following ed in receivii issistance in re

General Guidance
Coaching
Second-hand Bowls

Yes	/	No	
Yes	/	No	
Yes	/	No	

Please delete as appropriate

You will be contacted shortly with regard to your application and if accepted asked to pay the appropriate fees. You will also receive our introductory information pack.

I agree to abide by the rules of the club.

Applicant Signature

The Committee retains the right to refuse membership.

For office use only

Please return this application to the membership secretary.