Shaftesbury Bowling

Barton Hill Playing Field
Bleke Street
Shaftesbury
Dorset
SP7 8QA

Club Tel: 01747 850346

Hon. Membership Secretary
Shaftesbury Bowling Club
Bleke Street
Shaftesbury
SP7 8QA

Date:_____

Application for Membership.

I wish to apply for membership of the Shaftesbury Bowling Club

Member ☐ Novice ☐ Junior(u18) ☐

Please use block capitals

Name		Home Tel:	
Surname		Mobile No.	
Email		Town	
Previous Club		Post Code	

Please enter the name of any previous Bowling Club/s that you have been a member, and their Tel. No.

Were you previously a member of Shaftesbury Bowling Club? ☐ Yes ☐ No

Proposed by:	
Signature	

Seconded by:	
Signature	

Notes

a) Proposer and Seconder must be fully paid up Members of the Club

b) Proposed members must be over the age of 18yrs

c) Under 18yrs must be co-signed by a legal guardian.

d) In the event that the applicant does not have a proposer,
they will be interviewed by a sub committee of the GMC
Please indicate when you are available for an informal interview
Anytime ☐ Day ☐ Evening ☐

e) You will be contacted to arrange a suitable time for the committee and yourself
This application will be considered at the next meeting of the GMC,
prior to which, the application will be displayed on the Club's notice board for 7 days.

The Committee retains the right to refuse membership.

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

For office use only

Date Approved		
Amount payable		

£ 100	Member	☐	Experienced Playing member
£ 50	Novice	☐	Non experienced player
£ 20	Junior	☐	U18 Playing member

Please enter these details

Address		Home Tel:	
		Mobile No.	
Town		Occupation	
Post Code		Date of birth	