



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

Barton Hill Playing Field  
Bleke Street  
Shaftesbury  
Dorset  
SP7 8QA

Club Tel: 01747 850346

## **Application for Membership.**

I wish to apply for membership of the Shaftesbury Bowling Club

Full Membership ☐ Novice ☐ Associate ☐ Junior ☐

Please use block capitals

Name	
SURNAME	
Email	
Previous Club	

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 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		

£ 90	Full Membership	Experienced Playing member
£ 45	Novice	Non experienced player
£ 5	Associate	Non Playing member