



## FARNHAM BOWLING CLUB, LIMITED

### MEMBERSHIP APPLICATION

I wish to apply for membership as a Playing/Social member



**SURNAME NAME** MR/MRS/MS \_\_\_\_\_

**FIRST NAME(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**TELEPHONE** **HOME** \_\_\_\_\_ **MOBILE** \_\_\_\_\_

**email** \_\_\_\_\_

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Please give the name of any other club of which you are, or were, a member \_\_\_\_\_

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If your application to join is approved, do you intend remaining a playing member of any other club?  
**YES / NO**

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Are you willing to play in the following?

Friendly Matches on Saturdays or Sundays **YES / NO**

League Matches **YES / NO**

Club and/or Local competitions **YES / NO**

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IF MY MEMBERSHIP APPLICATION IS APPROVED I AGREE TO ABIDE BY THE RULES OF FARNHAM BOWLING CLUB AND TO PAY THE APPROPRIATE ANNUAL SUBSCRIPTION AS MAY BE DUE AT THE TIME OF APPROVAL.

I UNDERSTAND MY APPLICATION MUST BE PROPOSED AND SECONDED BY EXISTING MEMBERS OF THE CLUB.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROPOSED BY:** \_\_\_\_\_ **SECONDED BY:** \_\_\_\_\_

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**PLEASE RETURN COMPLETED FORM TO THE CLUB SECRETARY**  
**Bear Lane, Farnham. GU9 7LE – Email: farnhambcsecretary@gmail.com**