

# Boston Indoor Bowling Ltd

## Membership Application

Dear Sirs,

I wish to become a member of Boston Indoor Bowling Club and I hereby agree, if accepted, to be bound by the Rules and Byelaws of the said Club.

Please complete the form in **BLOCK CAPITALS** and ensure all information is **CORRECT**

\_\_\_\_\_

### Membership Type (Tick appropriate box)

Full Bowling

Social

Junior

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Nationality: \_\_\_\_\_

Membership of other clubs: \_\_\_\_\_

Previous Member:

Yes

No

Introduced By: \_\_\_\_\_

### Any Medical Condition? (In case of emergency) - Optional

In the interest of yourselves, it is essential to know whether you suffer from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning yourself of which club officials should be aware. Please also indicate any prescribed medication etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Please post the completed form to:

The Secretary, Boston Indoor Bowling Ltd, Rosebery Avenue, Boston, Lincs, PE21 7QF

Alternatively, you can hand the completed application form to a member of staff.