

APPLICATION FOR MEMBERSHIP OF THE SOMERSET WEST BOWLS CLUB

I, the undersigned, hereby apply for membership of the above Bowls Club. If accepted, I agree to abide by the Constitution, Rules and Regulations of the said Club, District Bowling Association and Bowls South Africa. I also agree to assist when necessary with bar/catering duties within the Club.

APPLICANT'S FULL NAME (CAPITALS).....

NICKNAME OR NAME YOU WISH TO BE KNOWN..... SPOUSE'S NAME.....

I.D. NO..... B.S.A. NO.....

ADDRESS.....

..... CODE..... OCCUPATION.....

TEL (H)..... TEL (B)..... TEL (C).....

E-MAIL ADDRESS..... DATE.....

APPLICANT'S SIGNATURE

PROPOSER'S NAME (CAPITALS)..... SIGNATURE.....

SECONDER'S NAME (CAPITALS)..... SIGNATURE.....

TO BE COMPLETED BY THE APPLICANT

1. Are you, or have you been, a member of any other Bowling Club or Clubs? YES..... NO.....

If YES then state name of present Club(s).....

Previous Club(s).....

2. Are you in good standing with the above Club(s)? YES..... NO.....

3. Have you ever been refused membership of a Bowling Club? YES..... NO.....

4. Umpire's Badge No..... 5. Coach's Badge No.....

A CLEARANCE CERTIFICATE MUST ACCOMPANY THIS APPLICATION

W.P. AFFILIATION FEE: R.....

B.S.A. AFFILIATION FEE: R.....

CLUB SUBSCRIPTION FEE: R.....

TOTAL: R..... **THIS AMOUNT MUST ACCOMPANY THE FORM**

No member of a Club affiliated to Bowls South Africa shall become a member of another affiliated Club unless a Clearance Certificate from his/her present Club(s), or former Club (where applicable) is produced.

APPROVAL DATE..... W.P. REGISTRATION DATE..... PTO