

APPLICATION FOR MEMBERSHIP OF THE SOMERSET WEST BOWLS CLUB

I the undersigned, hereby apply for membership of the above bowls club, if accepted, agree to abide by the Constitution, Bylaws, Rules and Regulations of the said, Club, District Bowling Association, and Bowls South Africa. I also agree to assist with all club duties (e.g. bar, catering, etc.) when necessary.

APPLICANT FULL NAME (CAPI	TALS):			
NICKNAME OR NAME YOU WISH TO BE KNOWN:		PARTNER'S NAME:		
IDENTITY NUMBER:		BSA NUMBER:		
ADDRESS:				
CODE:				
CONTACT DETAILS:	(CELL)		(HOME) _	
(OFFICE)				
EMAIL:	-			
DATE:				
APPLICANT'S SIGNATURE:				
TO BE COMPLETED BY THE AF	PLICANT:			
, ,	n, a member of any other Bowlin	•	YES	NO
2. Are you in good standing	with the above Club(s)?		YES	NO
3. Have you ever been refus	sed Membership to a Club?		YES	NO
4. Umpires Badge number:	5.	Coaches badge nu	ımber:	
Approval Date:	WP Registrat	tion Date:		
Tab Number:	Club Draw no	umber:		
President:		Date:		
Vice-President:		Date:		
Hon Secretary:		Date:		
Treasurer:	·	Date:		
Greens Manager:		Date:		