EL RANCHO **MEMBERSHIP APPLICATION FORM** BOWLS CLUB

Full Name : ……

Address : ……

……Zip code: ……

Tel: ……Mobile:…… e-mail: ……

Date of Birth: ……/……/…… NIE or Passport No: ……

……

Previous Club: Please list any previous Clubs to which you belong/belonged and location

Club…… From …… To…… Reason for ……

……

I agree to conform to the Constitution, Rules and Regulations, Code of Conduct and Health & Safety

Regulations of the El Rancho Bowls Club……Signed……

The Club reserves the right to refuse membership

Membership Fee : Annual €…… + € 10 Registration Fee (1st September to 31st August)

6 Month € …… + € 10 Registration Fee (Payable immediately on joining)

All fees payable by the due date.

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For Club use only

Application Date…… Approved Yes/No Details to C.B.B.A. / Federation……

Fees Rec'd €…… Registration / Yearly / 6 mth / Basic Signature (Membership Sec)……

Contact :- Irene Mangan 966 717 700 or Carolyn Harris 966 774 316 / 69 00 52 017

Captain :- Stewart Hamill 966 789 971 MEMBERSHIP NO:……

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Renewal date…… *Fee €*……*Paid*…… *Yearly/6mth* *valid until (date)*……
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