GOLDENACRE BOWLING CLUB LIMITED

To – The Club Secretary
Goldenacre Bowling Club Limited **Date - ……..**
36A Warriston Gardens
Edinburgh EH3 5NA

APPLICATION for MEMBERSHIP

Full Member – I (name) ……
Apply to become a Member of Goldenacre Bowling Club Limited and agree, if elected to be bound by the obligations and conditions of the Memorandum and Articles of Association, Constitution, Rules and Regulations of the Club.

Non-Playing Member – I (name) ……

Apply to become a Member of Goldenacre Bowling Club Limited and agree, if elected to be bound by the obligations and conditions of the Memorandum and Articles of Association, Constitution, Rules and Regulations of the Club.

Junior Member – I (name) ……
Apply to become a Member of Goldenacre Bowling Club Limited and agree, if elected to be bound by the obligations and conditions of the Memorandum and Articles of Association, Constitution, Rules and Regulations of the Club.

	Title	***Date of Birth***
	Mr, Mrs, Ms	
Name in Full		
Address in Full		
City		
Post Code		
Phone No.	***Home***	***Mob***
Email		
Occupation		
Signature		

State if a member of any other Bowling Club	
Name of Bowling Club	
Approval Date – ……	**Signed – President of Goldenacre B.C.** **……**
Please be advised that on receipt of your application form it is presented to the Management Committee. Thereafter you will be notified by email	