SKEGNESS INDOOR BOWLS CLUB MEMBERSHIP APPLICATION FORM

Membership Type:	Fee:	Locker No.:	Fee :
Surname:	First Name:		
Address:		Phone No:	
		Mobile (optional):	
	Email (optional):		
Post Code:			
Date of Birth://	_		
Previous Bowling Experience: None:Outdoor:			
Proposer (please print):	Seconder (please print):		
Signature:	Signature:		
Signature of Applicant:	/Date://		
By signing this form I hereby agree to	abide by the Club Rul	es and Bve Laws at all times.	

Please post the completed form to: Skegness Indoor Bowls Club, Wainfleet Road, Skegness, Lincs, PE25 2EL

Alternatively, please hand in the completed application form to the office.