



BRIXHAM BOWLING CLUB
APPLICATION FOR MEMBERSHIP

I wish to become a Playing Member of the Brixham Bowling Club. If elected I agree to abide by the Rules of the Club. I agree to the information below being held by the club while I am a member, subject to the General Data Protection Regulations.

NAME:
(Block capital letters please)

Mr./Mrs./Miss
(Delete as appropriate)

ADDRESS:
.....

POST CODE:.....

Tel. No.

e-mail:

Registered Disabled Y/N?

PREVIOUS CLUB:

BOWLING EXPERIENCE (tick as appropriate)

PROPOSED BY:

(a) none

SECONDED BY:

(b) 0-2 Years

DATE:

(c) Over 2 Years

RETURN TO: David Bunney, The Honorary Secretary, Brixham Bowling Club,
43 Churston Way, Brixham TQ5 8DE
Tel: 01803 857457 e-mail brixhambowlingclub@gmail.com



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