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 and used by the club while I am a member, subject to the General Data Protection Regulations.

NAME: …… **Mr./Mrs./Miss**
(Block capital letters please) (Delete as appropriate)

ADDRESS: ……

…… **POST CODE:** ……..

E-MAIL: ……..…… **TEL. NO.** ……..…….

PREVIOUS CLUB: ……..…….. **REGISTERED DISABLED Y/N?**

PROPOSED BY: **…….**…… **BOWLING EXPERIENCE (tick as appropriate)**

SECONDED BY: ……. (a) none …..

DATE: …… (b) 0-2 Years …..

SIGNATURE: ……. (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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