

Abronhill Bowling Club.

MEMBERSHIP APPLICATION FORM

Please complete and return the form marked for the attention of the Club Secretary.

Name:

Address:

Post Code:

Date of Birth:

Telephone:mobile:

E-Mail:

Type of Membership required:

Full

Young Adult (16-21 years)

Associate (Non Playing)

Have you ever been a member of another Bowling Club: Yes/ No

If so, please give the name of the club and the reasons for leaving:

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Your data will be held in a secure data base held by the Secretary of the club. As per General Data Protection Regulations changes in May 2018 please confirm if you are happy for this to be held - "Opt in" Yes/No.

Application Received	