

Carrickfergus Bowling Club

Shaftesbury Park, Carrickfergus, BT38 8NP

Telephone: (028) 9335 1513

MEMBERSHIP APPLICATION FORM

Surname: _____

Title: (Mr., Ms., Mrs., etc.)

Please insert

First Name(s): _____

Address: _____

Telephone No. Home: _____

Business: _____

Name of Previous Club (if any) _____

Address: _____

Age:	Under 25	25 - 35	35 - 45	45 - 55	55 - 65	Over 65
Please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Membership Category:	Full	<input type="checkbox"/>	Veteran	<input type="checkbox"/>
Please Tick	Lady	<input type="checkbox"/>	Associate	<input type="checkbox"/>

Applicant's Signature: _____

Date: _____

Proposed By: _____

Seconded By: _____

For Club Use Only

Date Posted on Notice Board _____

Initials _____