

EVESHAM BOWLING CLUB



APPLICATION FOR MEMBERSHIP – 2024

Full Name: Mr / Mrs /	/ Miss / Ms		
Address:			
			Post Code:
Telephone No:	Mo	bile No:	
E-mail Address:			_
Date of Birth:	_//		
If you have any form o	of disability that may require	e additional suppor	rt, please let us know
NB: All members are	affiliated to the Worcestersh	nire Bowling Assoc	iation and Bowls England
Rules and to pay the		when due. I agi	g Club and if admitted, I agree to abide by the Clul ree to the Club holding my personal details fo
Appl	icants Signature:		
Date	::		
SUBSCRIPTIONS &			
	are as follows (as at 1 st April		
Under 18's	Free	Age 20 to 25	£25
Full Time students	Free	Age 26 to 30	£30
Age under 20	£20	Age 31 & over	£90
•	s/spouses of members) able to new bowlers over 30	0	£20
			eam shirt (please state size required: ou would like tuition from a qualified coach. Y/N
Match Fees are £3.00	per game and are paid on tl	ne day.	
PLEASE SEND THIS FO	RM TOGETHER WITH THE C	ILIR SHIRT SIZE TO	THE CILIB SECRETARY

Mr Dave Bennett, 10 The Pool, Hampton, Evesham, WR11 2PY or by email to secretary@eveshambowls.co.uk

Your application form will be considered and in due course you will be contacted again (so please ensure that you provide all your contact details).

We prefer payment directly to our bank account, details will be provided once your application has been approved. If you cannot pay this way cheques should be made payable to Evesham Bowling Club or payment by card can be made at the club..