

# THE WARWICK BOAT CLUB LTD

33 Mill Street Warwick CV34 4HB

## MEMBERSHIP APPLICATION FORM - BOWLS

**PERSONAL DETAILS (PLEASE COMPLETE ALL SECTIONS CLEARLY)**

Surname:		Title:	
Forenames:		Date of Birth & Age:	
Email address:		If 12yrs or younger parent MUST be a member , min. Social	
		Occupation: (optional)	

Address:	Do you wish to join more than one category Y <input type="checkbox"/> N <input type="checkbox"/>
Post Code:	If yes, please state:
Car Reg. No :	Do you have family residing at this address, already a member at the Warwick Boat Club? Y <input type="checkbox"/> N <input type="checkbox"/>
	If yes, please give details:

Home Tel No:		The Club is run by its members; would you like to offer your services/help in any way?
Office Tel No:		
Mobile Tel No:		
	Organising Social Events/ Catering Y <input type="checkbox"/> N <input type="checkbox"/>	Bar Rota (Sunday lunchtimes ) Y <input type="checkbox"/> N <input type="checkbox"/> :

## CATEGORY/SECTION DETAILS – BOWLS

Please tick which applies to your level:

Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
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Any further information you may feel of value.....

The members below presenting your application should be of at least 12 months standing.(must be completed)	
Name of Proposer (print):	Signature of Proposer:
Name of Seconder (print):	Signature of Seconder:

**Declaration**

I wish to become a member of The Warwick Boat Club Ltd and hereby agree to submit to and be bound by the Memorandum and Articles of Association. I declare that to the best of my knowledge the information contained on this form is true and accurate. I accept that false information or omission may lead to termination of my membership at the discretion of the Committee.

Signature:	Date:
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**PLEASE RETURN COMPLETED FORM TO: MEMBERSHIP SECRETARY/ADMIN.OFFICE ADDRESS AS ABOVE**

**For Administration/Office Use Only:**

<u>Approved by Bowls Committee</u>	M/ship Cat Code:	<u>Admin /Database</u>	<u>Subscription Payment</u>
Date :	Disc/special rate:	M/no: F/no:	Date Rec'd:
Signature:		Invoice Date/Sent :	Date Pack Sent :