

ST. IPPOLYTS BOWLS CLUB

2024 Season

Membership Application/Renewal & Competition Payment Form

BLOCK CAPITALS PLEASE

Name:	
Address:	
Post Code_	
Email Address:	
Telephone Number:	Mobile Number:
Full Membership - £60.00	£:
Senior Citizen Membership - £5	£:
(Must be retired from full time employment & 60 y	
Club Competition Fees (if appli	icable) £:
External Competition Fees (if a	applicable) £:
TOTAL	_ PAYABLE £:
First Year (new to bowling only), Life or Junione of these:	ior Membership is FREE , please state if you are applying fo
If you have a preferred playing position, please	indicate that position:
	" (for renewal to reach Treasurer by 7 th April 2024) to Celia G2 8RF or Bank Transfer to Sort Code 77 05 03 A/C No
	close all applicable fees as agreed at the AGM. During my ance with the Club Regulations and the Rules/Etiquette of the
in the Club's Members' Directory which is circu	none number*/mobile number*/ email address* being included ulated to Club Members and also agree to those details being applicable, for the purpose of arranging fixtures.
*(please delete details you do not wish to be in	ncluded in the directory/shared)
Applicant's signature:	Date:
Any known holiday dates:	