

HELMSLEY SHORT MAT BOWLING CLUB

Application for Membership

Full Name:

Age Band (please tick): Under 18___ : 19___ 39 : 40___ 54 : 55___ 64 : 64+___

Address:
.....
.....

Post Code:

If you have lived at the above address for less than 12 months please give previous address. Use this space if you are under 18 to give name and address of Parent/Guardian.

Address:
.....
.....

Post Code:

Telephone Number:

Mobile Number:

E-Mail Address:

If you have previously been a member of a club please give club details:

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Do you have any Criminal Convictions:

Membership is subject to the approval by the wider membership.

Attached is a copy of the Club Constitution, list of Committee Members and Fees for the current season, which I have read and understand.

Signed: Date:

NYSMBA Membership Number:

Do you have a car and are willing to carry passengers at night: