LOUTH & DISTRICT INDOOR BOWLING CLUB

Birch Road, Louth, Lincs., LN11 8DU. Telephone no. 01507 - 609227

MEMBERSHIP APPLICATION FORM

MR/MRS/MISS		
NAME		Telephone no.
ADDRESS		Mobile (optional)
		Email (otional)
		Date of birth
POSTCODE		
MEMBERSHIP & LOCKER FEES Full membership £50 per annum Joining Fee £15 Junior (under 16) £10 per annum There is no Joining fee for under 16s Locker £5 per annum	Tick	Have you played before ? Indoor Outdoor Never
Social Membership i.e. non-bowling £6 per annum		All fees are renewable on 1st September each year.
PROPOSERS & SECONDERS Proposers and Seconders must have bee NAME OF PROPOSER (Please print) Signature SIGNATURE OF APPLICANT	en membe	NAME OF SECONDER (Please print) Signature
Du cinning this form I havely come to		CLUB USE ONLY
By signing this form I hereby agree to abide by the Club Rules and Bye Laws at all times.		Application received
NOTE		Letter sent
NOTE: Once completed this form will be displaye on the noticeboard for 7 days.	ed	Payment received
The applicant will then be informed wheth the application has been accepted or not.		Membership no. Locker no.
	GDP	
Y N		
I consent to my name. address, telephone and e-mail being displayed in the club directory I consent to my name and telephone number on internal league sheets if I am a team captain I consent to my name and telephone number on internal captain's planner sheets		

If the above boxes are left blank we will presume you have no objections to the use of your data