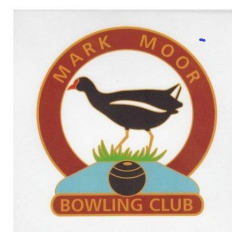


# Mark Moor Bowling Club

## Application for Membership



Name:	
Address:	Tel No:
	Mobile No:
	Email:
	Date:
	Signature:
Post Code:	
Full / Social / Junior Membership (Delete as appropriate)	Data protection: <i>I consent / do not consent to my personal details being given to club members.</i> (Delete as necessary)

Please circle age band:

Under 21	21-30	31-40	41-50	51-60	61-70	71-80	Over 80
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<b>Club Use Only:</b>	<i>Bowls experience: Tick where appropriate</i>
Proposed By:	Non Player
Seconded By:	Beginner
Committee Approval Signature:	Bowler
	County badge player
Date:	

Please return the form to:

The clubhouse or post in the letter-box attached next to the front gate.

Address: Mark Moor Bowling Club, Vole Road, Mark, Somerset, TA9 4NY.

Or

Email: [markbowlsclub@gmail.com](mailto:markbowlsclub@gmail.com)