

HOULDSWORTH BOWLING CLUB APPLICATION FOR MEMBERSHIP

The Secretary Houldsworth Bowling Club 63 Campbell Street WISHAW ML2 8HU

I, the undersigned, hereby make application for membership of Houldsworth Bowling Club.

If elected, I undertake to pay to the Club Treasurer the subscription in line with the Club's Constitution and Rules.

Full Senior Full Name	Membership Applied For	: Junior 🗌	Associate
Date of Birth / Address / Post Code ////////////////////////////////////			Senior
Date of Birth / Address / Post Code ////////////////////////////////////			
Address Post Code Telephone Number Signature of Applicant Proposer Proposer's Address Post Code Post Code			
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Signature of Applicant Proposer Proposer's Address Post Code	Post Code		
Proposer Proposer's Address Post Code	Telephone Number		
Proposer's Address Post Code	Signature of Applicant		
Proposer's Address Post Code			
Proposer's Address Post Code	Dronocor		
Post Code			
	Proposer's Address		
	Post Code		
	Seconder		
Seconder's Address	Seconder's Address		
Post Code	Post Code		

If your application for membership of Houldsworth Bowling Club is successful you will be required to relinquish membership of any other bowling club of which you are a member.

For use by General Committee	
Date Received	Decision of Committee
Date in Committee	Notification to New Member