ACLE INDOOR BOWLS CLUB

NEW MEMBERS APPLICATION

**Surname First Names**

**Address**

**Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel No. & STD Code Mobile Phone No.**

**Contact details (in case of emergency)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick age bracket: under 18 ( ) 18-39 ( ) 40-54 ( ) 55-64 ( ) 65-74 ( ) over 75 ( )**

**Date of Birth (If under 25) I wish to reserve a Locker YES/NO**

**Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give my consent to receive communications from the Club by email YES/NO**

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**FOR OFFICE USE ONLY**

**CASH £**…………**CHEQUE £** ……………**RECEIPT NUMBER**…………… **STEWARD NAME (PRINT)**………………………

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