

EWHURST SHORT MAT BOWLS CLUB

Application for Membership

I Mr/Mrs/Miss/M Delete as necessary	S First name	Surname	wish to app	ly for
membership of	the Ewhurst Short Mat Bo	wls Club		
Address:				
		Postco	ode	
E-mail address:	Please write clearly in lower case	Tel. No	0	
How would you	classify your bowling expe	erience? N	one/Novice/Club	/County
	have you previously been provide details and dates			
expected to ass	at as a member of the Ewh sist with light duties from til efficient functioning of the	me to time t	hat are essential	
Signature of Ap	pplicant		Date	
Proposed by	Members Name		Signature	
	Members Name ing and seconding candidates for I		Signature	
Please forward	this application with your r	emittance a	as detailed below	to:-
	Pauline Shipway 27 Stanto Committee member.	on Close, Cı	ranleigh, Surrey (GU6 8UH
Annual Subscrip Cheques to be made	(norma ption (21/09/16 –16 /04/17) e payable to ESMBC. It to the approval of the Committee an			in 2016) £30.00

Approved