

**CHEPSTOW BOWLING CLUB**

**APPLICATION FOR MEMBERSHIP 2025**

**SURNAME (MR. MRS. MISS. MS) ………………………………………………………….**

**FIRST NAMES: ……………………………………………………………………………………….**

**ADDRESS: ………………………………………………………………………………………**

**POST CODE ……………………………………………….**

**TELEPHONE NO: ……………………………………. MOBILE NO:………………………….**

**EMAIL: ………………………………………………..**

**DATE OF BIRTH: ……………………………………………….**

**FULL MEMBERSHIP ………………………………………….**

**SOCIAL MEMBERSHIP ………………………………………**

**DO YOU HAVE A DISABILITY Y/N………………………**

**HAVE YOU PLAYED BOWLS Y/N………………………………………………………………**

***“By signing this form, you are agreeing to the storage and use of your personal data in accordance with the Club Privacy Policy.***

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECONDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return form: Hon. Secretary**

***Mrs S. Cousins, 3 Castleford Gardens, Tutshill, Chepstow. NP16 7LF***