



# FAREHAM BOWLING CLUB

## ASSOCIATE MEMBERSHIP APPLICATION FORM

(Please use capital letters)

NAME (in full)

DATE OF BIRTH

ADDRESS .....

.....

.....

POST CODE .....

TEL NO. ....

E-MAIL ADDRESS .....

PROPOSER'S NAME/SIGNATURE

Applicant known for how long?

SECONDER'S NAME/SIGNATURE

Applicant known for how long?

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE HAND COMPLETED FORM TO A CLUB COMMITTEE MEMBER

or return to:

Nigel Williams, Membership Secretary, Fareham Bowling Club,  
43 Hill Park Road, Fareham PO15 6EW