



# SIGHTHILL BOWLING CLUB

120 Sighthill Loan, Edinburgh EH11 4NT

All communications to:  
The Secretary

Telephone: 0131 - 442 - 2414

## Application for Full Membership

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Proposer - (Print): \_\_\_\_\_

(Sign): \_\_\_\_\_

Seconder - (Print): \_\_\_\_\_

(Sign): \_\_\_\_\_

*The Proposer and the Seconder must have been a Full Member for Two Years*

I, \_\_\_\_\_, if elected for Membership of Sighthill Bowling Club, agree to adhere to the constitution and rules of the Club.

This application form must be accompanied by a £20, non-returnable, deposit. This will be deducted from Joining and Membership fee due when a place becomes available. The Management Committee has the power to return a deposit at their discretion.

The applicant is responsible for informing the Secretary, in writing, of any change of address or telephone number. The Club cannot be held responsible for failing to contact the applicant if either of the above has changed and the Club Secretary has not been informed. If the application form has not been completed correctly it will be returned to the proposer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Office use only</i>	<i>Date</i>	<i>Signature</i>
<i>Date of acceptance (Secretary)</i>		
<i>£20 deposit received (Treasurer)</i>		
<i>Date of Entry/Withdrawal/Refusal to Club</i>		
<i>Displayed on board</i>	<i>From</i>	<i>To</i>