



BANBURY CENTRAL BOWLING CLUB

Affiliated to B.E., B.O., O.B.A. & B.O.L.
Green: Horton View, Banbury, OX16 9HR

APPLICATION FOR MEMBERSHIP

Name: _____ (Mr/Mrs/ Miss/Ms)

Address: _____

Post Code: _____ Tel. No. _____

Email address: _____

I wish to become a member of the Banbury Central Bowling Club. I agree to abide by the rules, and will continue to do so during the period of my membership. I understand that the information I have provided will be stored electronically by the officers of the club and may be shared with national and county bowling authorities as required for the administration of the club.

Type of membership required.
(Tick box)

Junior Membership (Under 19)

Full Membership

Signed: _____ Date: _____

Proposer: _____ Seconder: _____

Proposer & Seconder must be fully paid up members of Banbury Central Bowling Club.

(This can be arranged by the Committee)

For Official Use.

Date of Committee meeting: _____

Membership granted / refused

Comments: _____

Signed: _____ (Hon. Secretary).