



# BALERNO BOWLING CLUB

5 LADYCROFT, BALERNO, MIDLOTHIAN.

EH14 7AG

0131-449-3789

[www.balernobowlingclub.co.uk](http://www.balernobowlingclub.co.uk)

[\(home\)](#)

Please Complete fully in **BLOCK CAPITAL** letters.

I wish to apply for membership of Balerno Bowling Club as a :- **(\*Please delete as appropriate)**

\*FULL BOWLING MEMBER

\* RESTRICTED BOWLING MEMBERSHIP(Age 18and over)

\*BOWLING MEMBERSHIP (Age16 to 25)

\*JUNIOR BOWLING MEMBERSHIP (Age 9yr. to under 16yr.)

Full Name \_\_\_\_\_

Date Of Birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

E-Mail:- 1 \_\_\_\_\_

\_\_\_\_\_

E-Mail:- 2. \_\_\_\_\_

Post code \_\_\_\_\_

E-Mail:- 3. \_\_\_\_\_

Phone Number \_\_\_\_\_ Business Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Are you currently, or have you been a member of any other Bowling Club YES / NO

If yes what was the name of the club \_\_\_\_\_ B.C. Date of joining Club \_\_\_\_\_

Reason for leaving above Club \_\_\_\_\_

It is expected that all new **bowling** members shall be available to represent the club in League Games and Friendly matches having been given sufficient time and own a minimum of Four Bowls.

**For your comments please delete as necessary**

1. Will you be using the Club Socially during the Bowling Season **YES / NO**

2. Will you be using the Club Socially during the Winter Months **YES / NO**

\_\_\_\_\_

1. What other interests do you have away from Bowling that the Club does not have or could have.

\_\_\_\_\_

\_\_\_\_\_

I hereby undertake, if elected to membership, to abide by the rules and regulations of Balerno Bowling Club as determined by the membership in accordance with the constitution.

**APPLICANT** Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return to the **CLUB**.