

KINNOULL BOWLING CLUB

Muirhall Terrace, Perth PH2 7ES

Telephone No 01738 624071



Application For Membership

Forename(s)		Surname		*Title	Mr/Mrs/Ms/Miss
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Contact Details

*(delete as appropriate)

Address				Postcode	
Tel. No		Mob. No		Email	

For members under 21 years:

Date of Birth	
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For members under 18 years:

Parent or Guardian Name (Block Capitals)			
Signature		Date	

* Please tick the appropriate category

Category	Subscription	* Tick
Full Bowling Member	£50 (Year 1 only) * (See note below)	
Junior Bowling Member	£25	
Associate Bowling Member	£40	
Social Member	£10	

* (Note: Full bowling Member Fee will be £100 in year 2 and full subscription in year 3).

Details of past or present membership of any other bowling club and currency of membership.
Any other factors you may wish to bring to the attention of the committee.

Emergency Contact Details

Name				Relationship	
Address				Postcode	
Tel. No (Home)		Mob. No		Tel. No (Work)	

(PTO)

Disclaimer

Details may be shared with Bowls Scotland for membership purposes only and will not be shared with other organisations.

I give permission for Kinnoull Bowling Club to contact me from time to time with information and activities that may be of interest to me: YES / NO (delete as appropriate)

All membership application forms are processed in accordance with club procedures as required by our constitution

Declaration.

I declare that if I am elected to membership of Kinnoull Bowling Club, I will abide by the rules and regulations of the club.

Signature		Date	
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For Committee Use.

Date Application Received:

Signed:

Date Application Approved:

Signed:

Date Member Notified:

Signed: