



Wymondham Dell Bowls Club
 54b Norwich Road
 Wymondham
 Norfolk, NR18 0NT
 Phone: 01953 602099
 email: office@wymondhamdell.com

Date: _____

APPLICATION FOR MEMBERSHIP

(Capital letters please)

SURNAME: (Mr, Mrs, Miss, Ms) _____

FORNAMES: _____ if under 25 please
state date of birth

ADDRESS: _____

POST CODE: _____

EMAIL: _____

CLASS OF MEMBERSHIP
(Please Tick)

TELEPHONE No: _____

MALE - (Player)

MOBILE No: _____

FEMALE - (Player)

OCCUPATION: _____

MALE - (Social)

FEMALE - (Social)

ARE YOU ALREADY A SOCIAL MEMBER? YES / NO

JUNIOR

DOOR ENTRY FOB REQUIRED? YES / NO

Membership of other Bowls Clubs: _____

IF ELECTED, I AGREE TO ABIDE BY THE RULES OF THE CLUBSignature
 (Applicants can only play as guests until they have been informed of their acceptance.)

SUBSCRIPTIONS per year: FULL MEMBER £55, SOCIAL MEMBER £8.50, JUNIOR £5
 Door entry fob £5 (refundable deposit)

Proposed by (Print): _____ Seconded by (Print): _____

I have known the applicant for _____ years _____ Proposer's Signature

I have known the applicant for _____ years _____ Seconder's Signature

Proposer and Seconder must be full members of a least one year's standing

Or

Please submit the name, address and phone number of a reference on the reverse side.

NO MONEY TO BE SUBMITTED WITH THE APPLICATION

PTO

Reference Details

Name of referee _____

Address of referee _____

Telephone Number _____

I agree that you may request this person to provide a reference to accompany this application.

Signed: _____ Date: _____

NO MONEY TO BE SUBMITTED WITH THE APPLICATION

For Office Use

Application: Accepted/Declined/Deferred

Membership Number _____

Door fob number (if issued) _____

Date the applicant informed: _____

Subscription Paid? _____

Door fob paid (if issued) _____