Leadenham Bowls Cub

ASSOCIATE MEMBER APPLICATION FORM

Name:_____.

Contact Details:

Address:

E.mail address:

Mobile Telephone Number:

I would like to join the bowls club as an Associate Member and agree to abide by all Club Rules and the special terms of membership for Associate Members.

Please return completed form by hand to:

John Marshall (Club Treasurer) or by E.mail **johnmarshall019@gmail.com**

Or Steve Turnbull Club Secretary or by E.mail on **Stephen.turnbull49@gmail.com**

Membership payments can be made by cash or by Bank Transfer using details provided separately by the Treasurer:

Member Agreement

I agree to the above person joining the club as an Associate Member.

Full Member Name:_____.

Signature:_____**Date:**_____.