



STRAWBERRY HILL
BOWLING CLUB

MEMBERSHIP APPLICATION

Mr Mrs Miss Ms. (Please tick as appropriate)

Surname:

Forenames:

Address:

.....

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Telephone (home): (work):

(mobile): email:

Are you a newcomer to the game of bowls? Yes No (Please tick as appropriate)

Previous bowling club(s) - if any:

If under 18, please give date of birth:

Other sporting interests:

I agree to abide by the rules of Strawberry Hill Bowling Club.

Signed: Date:

Please address this form to the Club Secretary and return to the Clubhouse:

The Pavilion, Radnor Gardens, Cross Deep, Twickenham TW1 4QG