

Victoria West Lawn Bowling Club

Application for Yearly Membership: Full \$200.00___ Social \$50.00___

First Name: _____ Last Name: _____ Gender M/F

ADDRESS: _____ CITY: _____

POSTAL CODE: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

AGE Range: CHECK ONE

OVER 55: _____

UNDER 55: _____

19-25: _____

18 AND UNDER: _____

HAVE YOU LAWN BOWLED BEFORE? Yes/No #YEARS _____

NAME OF FORMER CLUB (S) _____

HAVE YOU PAID DUES TO ANOTHER CLUB? __yes/no__

DO YOU HAVE A KEY TO THE GATE/CLUBHOUSE? __yes/no__

DO YOU HAVE SPECIAL SKILLS OR INTERESTS:

E.g. MEDICAL, ART, MUSIC, CARD GAMES, WRITING, GARDENING, etc.

IT IS UNDERSTOOD THAT THE APPLICANT FOR MEMBERSHIP WILL OBSERVE ALL THE RULES AND REGULATIONS AS SET DOWN BY THE CLUB HANDBOOK.

I CONSENT TO THE PUBLICATION OF MY PHONE NUMBER ON A CLUB OR BSI PHONE LIST; AND NAME, CITY AND POSTAL CODE FOR BOWLS BC AND BOWLS CANADA ROSTERS.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SPONSOR IF ANY: _____

APPROVED AND SIGNED BY: _____

DATE: _____

Day/Month/Year