

# 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.

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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/EMAIL/PHOTO 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