



ORBISTON BOWLING CLUB
Liberty Road
Bellshill
ML4 2EU
TEL 01698 745114

APPLICATION FOR MEMBERSHIP

Date of Application _____
Name (Block Capitals) _____
Street _____
Town _____
Post Code _____
Tel No. _____

Date of Birth _____

Have you ever been a member of a Bowling Club? YES / NO
If Yes, which Club _____
Reason for leaving _____

I the undersigned, hereby declare that if accepted as a member of the Orbiston Bowling Club I will actively participate in the game of bowls and observe the constitution, rules and byelaws of the club.

Signed _____

To be completed by TWO ordinary members of the club

I have known the applicant for ____ years and recommend him / her to the Directorate in the belief that he /she would make a good member.

Signature of Proposer _____

Signature of Seconder _____

Date Received ____/____/____

Date Posted ____/____/____

Date Accepted ____/____/____