



Cambuslang Bowling Club

MEMBERSHIP APPLICATION

To: **The Secretary**

I wish to apply for membership of Cambuslang Bowling Club

I hereby consent to the processing of the following information for the purposes of the administration of the Club and any related events and matches.

Applicant's Details

NAME

ADDRESS

Post Code

**Phone
No.**

Signature

**Date of
Birth**

Email

Proposer's details

Name

Signature

Secunder's details

Name

Signature

Date of Application