



For Office
Use
NO.

ABERDEEN INDOOR BOWLING CLUB

SUMMERHILL ROAD ABERDEEN AB15 6EE

Telephone: 01224 313961

E-mail: info@aberdeenindoor.com

www.aberdeenindoor.com

NAME (Block Capitals)			
ADDRESS			
POST CODE			
EMAIL			
TELEPHONE NUMBER			
DATE of BIRTH	/ /	GENDER: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
SIGNATURE			
DATE			
FULL MEMBERSHIP	TICK IF APPLICABLE	<input type="checkbox"/>	
SOCIAL MEMBERSHIP	TICK IF APPLICABLE	<input type="checkbox"/>	
JUNIOR MEMBERSHIP	TICK IF APPLICABLE	<input type="checkbox"/>	
PLEASE INDICATE YOUR CHOICE BELOW FOR TIME OF BEING INVITED TO JOIN THE CLUB			
As soon as possible	12 Months	2 Years	Longer
LOCKER	YES	NO	
FOR OFFICE USE ONLY			
Date Application Received		Date Approved by Committee	
Application Ref.		Notes	

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