

GATEWAY BOWLING CLUB

MEMBERSHIP APPLICATION FORM

Forename: _____ Surname: _____

Address: _____

Mobile Number: _____

E-mail: _____

Date of Birth: _____ Previous Member (Yes/No): _____

I enclose € _____ for 1 years _____ Membership.
(Junior €60) (Senior €100)

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if under 18)

Please tick the box if you do not want to receive any promotional information on upcoming Gateway events by phone or e-mail.

STAFF ONLY

Applicant Name: _____ Amount Paid: € _____

Staff Signature: _____ Date: _____