



For Office  
Use  
NO.

# ABERDEEN INDOOR BOWLING CLUB

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<i>NAME (Block Capitals)</i>			
<i>ADDRESS</i>			
<i>POST CODE</i>			
<i>EMAIL</i>			
<i>TELEPHONE NUMBER</i>			
<i>DATE of BIRTH</i>		/ / <i>GENDER: MALE</i> <input type="checkbox"/> <i>FEMALE</i> <input type="checkbox"/>	
<i>SIGNATURE</i>			
<i>DATE</i>			
<b><i>FULL MEMBERSHIP</i></b>		<b><i>TICK IF APPLICABLE</i></b> <input type="checkbox"/>	
<b><i>SOCIAL MEMBERSHIP</i></b>		<b><i>TICK IF APPLICABLE</i></b> <input type="checkbox"/>	
<i>PLEASE INDICATE YOU CHOICE BELOW FOR TIME OF BEING INVITED TO JOIN THE CLUB</i>			
<i>As soon as possible</i>	<i>12 Months</i>	<i>2 Years</i>	<i>Longer</i>
<b><i>FOR OFFICE USE ONLY</i></b>			
<i>Date Application Received</i>		<i>Date Approved by Committee</i>	
<i>Fee Received</i>		<b><i>Notes</i></b>	
<i>Application. Ref.</i>			