



CRUMLIN BOWLING CLUB
St. Mary's Road, Crumlin, Dublin 12
Tel: 01 455 8142

CUMANN BOLLAÍ CROMGHLINNE
Email: Info@crumlinbowls.ie
www.Crumlinbowls.ie

Membership Application Form

Name: _____ Date of Birth: _____

Address: _____

Contact Details: Home Phone: _____ Mobile: _____

Email address: _____

Occupation: _____ Where Employed: _____

Other Appointments: (Social, Professional, Business) _____

Membership of other sporting club, now or in the past: _____

Other Interests: _____

I agree to Crumlin Bowling Club keeping the data provided for the sole purpose of Club administration and registration with the BLI/LBLI and agree to inform the Hon Secretary of any contact changes. Post Email Phone Text

Signature of Applicant: _____

Section below to be completed by the Proposer and seconder

Name of Proposer _____

How long and how well does the Proposer know the applicant? _____

Is the applicant a relative or business associate of the Proposer? _____

Signature of the Proposer _____

Name of Seconder _____

How long and how well does the Proposer know the applicant _____

Is the applicant a relative or business associate of the Proposer _____

Signature of the Seconder _____

Please note that successful applicants will be on probation for the first 12 months of their membership.

Official Use:		Has the applicant been made aware of following?		
Membership Fees	Competitions	Bowling Equipment	Bar Card	Availability
Date name placed on notice board _____				
Date Interviewed / considered by Executive Committee _____ Decision: _____				
Signature of Hon Secretary _____				