



BOWDON CROQUET CLUB APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION		
Title:	Forename:	Surname:
Current address:		
Phone:	Mobile:	E-mail:
FOR ESTABLISHED PLAYERS		
Are you a member of the Croquet Association: Yes / No:	Association Handicap:	Golf Handicap:
MEMBERSHIP CATEGORY (please tick one box)		
Full Playing		<input type="checkbox"/>
Country	Resident 20 - 40 miles from Club	<input type="checkbox"/>
Far Country	Resident 41+ miles from Club	<input type="checkbox"/>
Student	Age 16+ in full time education	<input type="checkbox"/>
Junior	Age 12 to 16 (non-voting member)	<input type="checkbox"/> Please give date of birth:
Non Playing	Non-voting member	<input type="checkbox"/>
PREFERRED WAY OF RECEIVING INFORMATION		
Tick box to show how you want to receive Club newsletters and other communications		
By email <input type="checkbox"/>	By post <input type="checkbox"/>	
SIGNATURES		
I apply for membership of Bowdon Croquet Club. If my application is approved, I agree to abide by the club rules and bye-laws.		
I agree and accept that my personal details as listed above will be held on computer and that they may be given to other club members, the Croquet Association, its members and registered clubs.		
Signature of applicant:	Date:	
Signature of proposer:		
Signature of seconder:		
PAYMENT (please tick one box)		
Amount due: £.....	<input type="checkbox"/> Cheque payable to Bowdon Croquet Club attached <input type="checkbox"/> Pay directly to our bank account Bowdon Croquet Club Sort code: 72-00-04 Account no. 02333489 giving the reference "Your surname / Membership"	