



E.K.S.M.B.A.
FULL MEMBERSHIP APPLICATION / RENEWAL
20...../20.....

CLUB:

VENUE:

CLUB ADDRESS:

POSTCODE:

TEL (inc STD):

No. of TEAMS:

TEAM NAMES:

CHAIRPERSON:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

CLUB SECRETARY:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

FIXTURES SECRETARY:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No



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COMMITTEE REPRESENTATIVE:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

If all the above posts are held by a single member then please add details below
of another member whom we can contact if they are unobtainable

EMERGENCY CONTACT:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

We agree to abide by the Constitution and Rules as laid down by the East Kent Short Mat Bowls Association,
and to pay all fees as decided annually at the A.G.M.

Signed:

Club Chairperson

Signed:

Club Secretary

Application accepted: Y N Signed:

Association Secretary

If any of this information changes throughout the year the Association Secretary should be informed ASAP