

SOLIHULL INDOOR BOWLS CLUB LIMITED

Brick Kiln Lane, Hillfield, Solihull, West Midlands, B91 3LE

Tel: 0121 709 2233

email: bowling@solihullindoorbowlsclub.co.uk

www.solihullindoorbowlsclub.co.uk

Registered Charity No. 1094579

APPLICATION FOR MEMBERSHIP – 2017/18 (for persons over 18 years of age)

Please complete in **BLOCK LETTERS:-**

SURNAME.....FORENAMES.....MR/MRS/MISS

ADDRESS.....

POST CODE.....TEL.....MOBILE.....

EMAIL ADDRESS.....

NEXT OF KIN (in case of emergency).....TEL NO.....

IF YOU HAVE A SPOUSE/PARTNER WHO IS ALREADY A MEMBER OF THE CLUB, PLEASE GIVE

NAME.....AND MEMBERSHIP No.....

I would like to apply to the Board to be elected a Member of Solihull Indoor Bowls Club Limited ('The Company').

I enclose herewith my cheque made payable to 'Solihull Indoor Bowls Club Limited' in the sum of £85.00 in respect of my subscription. This fee covers from 1st April to 31st March. Your next annual subscription payment will be required by 31st March 2018.

In the event that I am elected a Member of the Company, I agree to be bound by the Memorandum and Articles of Association of the Company and in particular I undertake to contribute to the assets of the Company, in the event of the same being wound up while I am a Member, or within one year after I cease to be a Member, for payment of the debts and liabilities of the Company contracted before I ceased to be a Member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves in accordance with the Memorandum of Association of the Company, such amounts as may be required not exceeding £1.

I also agree to abide by the Constitution and Rules of the Club (a copy of which is available in the Secretary's Office). I also agree to the information contained in this document being stored on computer as governed by the 1984 Data Protection Act. In the event that I wish to terminate my Membership, I understand that in accordance with the Rules of the Club, one month's notice, in writing will be required.

I understand my application for Membership will be considered by the Board at its next meeting and I will be advised by the Secretary of my election or non-election thereafter. If I am not elected I understand that my enclosed cheque will be refunded to me.

SIGNED..... DATE.....

Introduced by: Name..... Membership No.....