STELLENBOSCH BOWLING CLUB

Application for Membership

Res	igned	er, no previo	ous clu	ıb, cle	earanc	ce cert	t. atta	ched,	new						
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Title						1	1	Ini I	itials					1	
Surname		<u> </u>													
Name															
ID-number															ī
Date of application	D	D	M	M	Υ	Y	Υ	Υ	"NOVICE"			YES	NO		
Gender	M	V	Date of registration with WP												
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Date	ate Signature														
A New member who property of the coming a member of							sent a								e
We, the proposer and to become a member Club as well as the B	of this	s Bowli	ng Clui		-										
					Sec	ond									
Name(print)	Name(print)													_	
Signature	Signature														

Kindly email the completed application to secretary@stellenboschbowls.co.za or hand in at bowling club