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## SEVEN KINGS BOWLING CLUB (SKBC)

I WISH TO BECOME A MEMBER OF SKBC AND HEREBY AGREE, IF ELECTED, TO ABIDE BY THE RULES AND REGULATIONS OF THE CLUB.

AGE: \_\_\_\_\_ WORKING/RETIRED: \_\_\_\_\_

NAME AND ADDRESS (BLOCK LETTERS PLEASE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_

HOME / MOBILE PHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IF APPLICABLE, PLEASE STATE THE NAME OF YOUR PREVIOUS CLUB AND YOUR HANDICAP RATING: \_\_\_\_\_

PROPOSED BY: \_\_\_\_\_ SECONDED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_