

# Individual Membership Application Form



**Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

## MEMBERSHIP CATEGORIES

- 65.00€ Full Membership
- 50.00€ Half Membership

## PAYMENT METHODS

- Check
- Money

Please complete this form & return to: [alvorbowlsclub@gmail.com](mailto:alvorbowlsclub@gmail.com)

**RECEIPT / INVOICE** – This document will become your **RECEIPT / INVOICE** when completed & payment is made in full so please keep a copy for your records.