



# Angel Indoor Bowls Centre

Angel (Tonbridge) Indoor Bowls Association Limited  
Avenue Du Puy, Tonbridge, Kent, TN9 1QH

## Application For Family Membership 2023/2024

I wish to apply for: (please tick)

- Full Family                      £200
- Family Session Only        £50
- Family + Social                £68

I agree to abide by the Club Rules and Bylaws of The Angel (Tonbridge) Indoor Bowls Association Limited.

Payment Methods (Please tick)

- Electronic Banking Transfer to Sort Code 309863 Account Number 00981087. (Please add your name and/or membership number as the reference).
- Credit Card
- Cheque made payable to Angel (Tonbridge) Indoor Bowls Association Limited
- Cash

Lead Adult Full Name \_\_\_\_\_ Mr/Mrs/Miss/Ms

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Car Registration Number \_\_\_\_\_

Emergency Contact name and number \_\_\_\_\_

Second Adult Full Name \_\_\_\_\_ Mr/Mrs/Miss/Ms

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Car Registration Number \_\_\_\_\_

Emergency Contact name and number \_\_\_\_\_

Name of Child(ren) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Lead Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposing Member \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:** Date application received \_\_\_\_\_

Subscription paid \_\_\_\_\_ Cash/Cheque/Card/Transfer

Date Membership accepted \_\_\_\_\_

Date Membership Card Issued \_\_\_\_\_