



E.K.S.M.B.A. AFFILIATE MEMBERSHIP APPLICATION / RENEWAL

CLUB:

VENUE:

CLUB ADDRESS:

POSTCODE:

TEL (inc STD):

CHAIRPERSON:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

CLUB SECRETARY:

ADDRESS:

POSTCODE:

TEL (inc STD):

EMAIL:

EX-DIR: Yes No

We agree to abide by the Constitution and Rules as laid down by the East Kent Short Mat Bowls Association,
and to pay all fees as decided annually at the A.G.M.

Signed:

Club Chairperson

Signed:

Club Secretary

Application accepted: Y N Signed:

Association Secretary

If any of this information changes throughout the year the Association Secretary should be informed ASAP