

# LARNE BOWLING & LAWN TENNIS CLUB

112 – 120, Glenarm Road, LARNE. BT40 1DZ

Telephone (028) 28272599 / (028) 28276290

## APPLICATION FOR MEMBERSHIP

1. FIRST APPLICANT'S NAME: \_\_\_\_\_

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

POST CODE: \_\_\_\_\_ TEL. No. \_\_\_\_\_

e-mail address: \_\_\_\_\_

2. Please state Name, Age, Date of Birth and desired Category and Grade for all applicants wishing to join.

NAME	AGE	DATE OF BIRTH	CATEGORY	GRADE
First Applicant, as above				
2.				
3.				
4.				
5.				
6.				

CATEGORIES OF MEMBERSHIP	CODE	GRADES OF MEMBERSHIP	CODE
BOWLS (MALE)	B	PRIMARY (Under 12) On 1 <sup>st</sup> Jan.	P
BOWLS (FEMALE)	L	JUNIOR (12 – Under 16) On 1 <sup>st</sup> Jan.	J
TENNIS (MALE)	T	Under 25 On 1 <sup>st</sup> Jan.	U
TENNIS (FEMALE)	W	Over 25 On 1 <sup>st</sup> Jan	M
HOUSE	H	SENIOR CITIZEN On 1 <sup>st</sup> Jan.	S
		COUNTRY MEMBER	C

3. Have you played Bowls or Tennis before? Yes[ ] No[ ]

If yes did you play: At school[ ] At another Club[ ]

Give name of School or Club. \_\_\_\_\_

4. Are you or have you been a member of any other sporting club or organisation? Yes[ ] No[ ]

If yes give name(s) \_\_\_\_\_

5. Are any of your relatives currently members of L. B. & L. T. C.? Yes[ ] No[ ]

If yes give names and relationship. \_\_\_\_\_

6. STATEMENT BY APPLICANT.

I wish to apply for Membership of L. B. & L. T. C. and if accepted, I agree to abide by its Rules and Constitution. I recognise the right of the General Committee of the Club to call me for interview, should they feel it necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note: - (i) A Parent / Guardian must sign if applicant is under 18 years of age.  
(ii) All applicants over 18 years must sign.

7. REFEREES.

This application must be proposed and seconded by two **Ordinary Members of at least two years standing**. Both proposer and seconder may be called for interview to give character references.  
**Associate members are not permitted to act in this capacity.**

**PROPOSER**

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

**Please state how long and in what capacity you have known the Applicant.**

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

Signature \_\_\_\_\_

**SECONDER**

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

**Please state how long and in what capacity you have known the Applicant.**

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

Signature \_\_\_\_\_

Return to the Membership Secretary  
**Mr. Derick Jenkins**  
**56, Ballymullock Road,**  
**LARNE BT40 2ND**