

# Mount Florida Bowling Club

To: The Secretary

Mount Florida Bowling Club

69 Carmunnock Road, Glasgow, G44 4UE

Date: \_\_\_\_\_

## Application For Membership

I herewith make application to be enrolled as a Member of the above Club. If admitted, I agree to adhere to all the Rules and Bye-Laws.

Signature: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Full Name: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Address: \_\_\_\_\_

Entrance Fee: \_\_\_\_\_

Annual Subscription \_\_\_\_\_

Telephone No: \_\_\_\_\_

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