TIXALL BOY Heathfield Rd. 0	Oxton, Wirral, Merseyside, CH43 5	
APPLICATION	(Est. 1885) N FOR MEMBI	ERSHIP
Title:Surname:	Forenames:	
Address:		
	Po	ostcode:
Tel No:	Occupation:	
Email Address:	Ag	e (if under 18):
I HEREBY APPLY FOR MEMBERSHIP I CONFIRM THAT BY ENTERING MY EMAILS FROM TIXALL BOWLING & S	EMAIL ADDRESS ABOVE I AN	
Applicants full Name (BLOCK):		
Signed:		
APPLICATIONS MUST BE SUPPORTED BY TW MORE THAN 1 YEAR AND WHO MUST HA		
Proposed (BLOCK):	Signed:	
Seconded (BLOCK):	Signed:	
THIS APPLICATION IS NOT VALI COUNTERSIGNED BY A MEM		
Committee Member (BLOCK):	Sig	gned:
JOINING FEE PAID (Mar £15; Jul £10; • Ple	Nov £5)* – OAP/JUNIOR (M ease circle amount paid	ar £5; Jul £3; Nov £1)*
NB: Lapsed members do not qualify	-	MUST pay FULL
Receipt		
Issued by:	Date:	20
MANAGEMENT COMMITTEE: APPR	OVED/DECLINED* Dat * delete	te:
Membership Card issued:	Card No.:	
<i>Robin May</i> Hon. Treasurer	W	ww.tixallbsc.org