



Limavady Recreation Club

Club Address:- 54 Killane Road, Limavady, Co. Londonderry, BT49 0DN

MEMBERSHIP APPLICATION FORM

I, (Mr, Mrs/Miss/Ms) _____
 (Delete where necessary)

Occupation (block capitals) _____

Address _____

Post code _____

Telephone _____ Mobile _____

Email _____

I wish to make an application for membership of the above club in the category indicated. By submitting this application and signing below, I agree to be bound by its Rules & Regulations as and when I am admitted as a member. (Please indicate with a \checkmark category relating to this application and indicate which sport you would like to participate in – Juveniles/Students must state their date of birth).

Membership Category	Male	Female	Playing			Date of Birth		
			Outdoor Bowls	Tennis	Indoor Bowls	Day	Month	Year
Ordinary						N/A	N/A	N/A
Family						N/A	N/A	N/A
Pensioner						N/A	N/A	N/A
Student								
Juvenile								
Associate			N/A	N/A				

Family applications: please state all names and age of those <18 years of age.

Adults

Children <18 Years of age

_____ d.o.b. _____
 _____ d.o.b. _____
 _____ d.o.b. _____
 _____ d.o.b. _____

Signed _____ **Date** _____

Initial Club Member contact (if any)? _____

The relevant subscription must accompany this application (refundable should application be unsuccessful)

FOR OFFICE USE

Date received _____ Remittance £ _____