



**FAMAGUSTA BOWLING  
ASSOCIATION**  
**MEMBERSHIP RENEWAL APPLICATION**  
**FOR BOWLING SEASON 2018-2019**



**APPLICANT'S FULL NAME**

**PHONE No** :  
**(NECESSARY)**

**E-Mail** :  
**(NECESSARY)**

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I WOULD LIKE TO **RENEW** MY REGISTRATION AS A MEMBER OF F.B.A.

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**APPLICATION DATE:**

**APPLICANT'S SIGNATURE:**

APPROVED BY  
F.B.A. PRESIDENT

.....  
President's signature and F.B.A. stamp

**Note : The yearly membership FEE is  
€28,00 and must be paid prior  
to the official start of the season.**

**Valid until 12<sup>th</sup> of October 2019**