



**FAMAGUSTA BOWLING
ASSOCIATION**
NEW MEMBER APPLICATION FORM
FOR BOWLING SEASON 2018-2019



APPLICANT'S FULL NAME

CIVIL I.D. or PASSPORT:

(NECESSARY)

DATE OF BIRTH:

(NECESSARY)

PROFESSION:

ADDRESS:

PHONE No :

(NECESSARY)

E-Mail :

(NECESSARY)

I WOULD LIKE TO BE **REGISTERED** AS A MEMBER OF FAMAGUSTA BOWLING ASSOCIATION

APPLICATION DATE:

APPLICANT'S SIGNATURE:

RECOMMENDED BY: 1. _____

2. _____

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 12th of October 2019

Website: www.famagustabowlingclub.com

E-mail: info@famagustabowlingclub.com