



**FAMAGUSTA BOWLING
ASSOCIATION
MEMBER APPLICATION FORM
FOR THE BOWLING SEASON 2023-24**



APPLICANT'S FULL NAME

DATE OF BIRTH:
(NECESSARY)

CIVIL I.D.
(NECESSARY)

ADDRESS:
(NECESSARY)

PHONE No:
(NECESSARY)

E-Mail:

CLUB'S STATEMENT: The information we collect is the absolute minimum necessary for the issuing of a sports identity by the Cyprus Bowling Federation (C.B.F.) and for contacting you. Regarding our privacy policy (EU GDPR) please visit our official website.

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

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

APPLICATION DATE:

APPLICANT'S SIGNATURE:

RECOMMENDED BY: 1. _____
THE MEMBERS

2. _____

**APPROVED BY
F.B.A. PRESIDENT**

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

**Note : The yearly membership FEE is
€30,00 and must be paid prior
to the official start of the season.**

Valid until 30th of September 2024