



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 ✓ 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 £ _____