

**SURREY LAWN BOWLING CLUB
2019 AFFILIATE MEMBERSHIP FORM**

(Please Print)

Affiliate Member Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Phone #: _____

Email: _____

Emergency Contact (name): _____ Phone #: _____

Current fully paid member @ _____ Lawn Bowling Club
(please show your Bowls BC club membership card)

Affiliate Member signature: _____ Date: _____

AREA BELOW IS FOR OFFICE USE

Payment Information

Affiliation Fee (\$50) _____

Total Paid _____ Cash _____ Cheque _____

Receipt # _____ Recorded by: _____ Date: _____