

# SURREY COUNTY BOWLING ASSOCIATION

PLEASE COMPLETE FORM A IN FULL AND RETURN TO THE COUNTY SECRETARY

## AFFILIATION FORM

**BY 15 NOVEMBER**

SO THAT YOUR CLUB WILL REMAIN AFFILIATED TO THE COUNTY ASSOCIATION NEXT YEAR.  
**COMPETITION FORMS WILL NOT BE SENT OUT UNTIL THIS COMPLETED FORM HAS BEEN RECEIVED.**

THE INFORMATION YOU PROVIDE WILL BE YOUR CLUB ENTRY IN THE YEAR BOOK..

PLEASE **TICK** EACH ITEM IF THE **CURRENT** ENTRY IS CORRECT..... **OR**

PLEASE ENTER AMENDED INFORMATION WHERE CHANGES HAVE OCCURRED.

**NAME OF CLUB:**

Heading	Please tick if still current	NEW ENTRY
<b>GREEN</b> Address, Post Code & Tel. No.		
<b>CAPTAIN</b> Initials & (First Name), Surname and Tel. No.		
<b>HON. SEC.</b> Initials & (First Name), Surname, Address, Tel No Email address		
<b>MATCH SEC.</b> Initials & (First Name), Surname, Address & Tel. Number		
<b>e-mail Contact**</b>		

**\*\* e-mail contact does not have to be the Club Secretary. ANY Club member willing to act as an e-mail contact – an e-mail link to or liaison with the Club Secretary and other Officers - will be welcomed.**

**PLEASE ALSO GIVE THE FOLLOWING INFORMATION:**

<b>MALE Membership at 15 December (Current Year)</b>	
<b>CLUB CHAMPION</b> Name only	
<b>HON TREASURER</b> Name , Address & Telephone Number	

**DO NOT SEND ANY AFFILIATION FEES WITH THIS FORM**

**RETURN TO :**  
**J (John) Neale**  
**County Secretary**  
**7 Deanery Place**  
**Church Street**  
**Godalming**  
**GU7 1ER**

Signed .....Club .....

Date.....

email: [JNEALE2@sky.com](mailto:JNEALE2@sky.com)

**PTO**

**[List names & initials of ALL male members on reverse]**

