

HEREFORDSHIRE SHORT MAT BOWLING ASSOCIATION

ADDITIONAL MEMBER REGISTRATION FORM 2017-2018

CLUBS REQUESTING MEMBERS TO BE ADDED TO THEIR CURRENT LIST OF REGISTERED MEMBERS SHOULD ENTER THE FOLLOWING DETAILS

CLUB _____ DATE _____

CONTACTS NAME AND TEL NO _____

MEMBER'S NAME (please print clearly) FIRST NAME & SURNAME	MEMBER'S AGE GROUP	GENDER M/F	ESMBA
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Use the following letters: A=under 18, B=18-39, C=40-54, D=55-64, E=over 65
Please include the date of birth for anyone under 18

Do not enter membership numbers

RETURN THIS FORM TO THE **MEMBERSHIP SECRETARY SUE STANNARD, KINGS LEA, KINGS CAPLE, HEREFORD HR1 4UD** WITH THE AFFILIATION FEE OF **£7.00** PER PLAYER – (this can either be paid by cheque to HSMBA or via BACS using the following details – sort code 09 01 54, account no 42893280, account name Herefordshire Short Mat Bowling Association, identify payment as REG).

(A MEMBER DOES NOT HAVE TO BE REGISTERED FOR A LEAGUE TEAM UNLESS REQUIRED TO PLAY)

FOR OFFICE USE ONLY:

RECEIVED BY MEMBERSHIP SECRETARYDATE.....

IF YOU WISH ANY OF THE ABOVE MEMBERS TO BE REGISTERED FOR A LEAGUE TEAM GIVE DETAILS BELOW

CLUB/TEAM _____ DATE _____

NAME OF MEMBER(S)	STATE 1 ST OR 2 ND DIVISION
1 _____ ESMBA NO _____	DIVISION _____
2 _____ ESMBA NO _____	DIVISION _____
3 _____ ESMBA NO _____	DIVISION _____
4 _____ ESMBA NO _____	DIVISION _____

Membership Secretary will send above details to League Secretary