

SAN JOSE LAWN BOWLS

2024 Membership Renewal Form

Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone: Home: (_____) _____ Mobile: (_____) _____

In Case of Emergency: Contact: _____ Phone: (_____) _____

I am renewing as:

___ Primary Membership: \$135 Annual, July – Dec \$100

___ Dual Membership \$80 Annual, July – Dec \$60. Your Primary Club Is: _____

___ Junior Membership (under 18): \$80 Annual, July – Dec \$60. Adult Supervisor: _____

___ Associate (non-bowling) Membership: \$50.

To the Board of San Jose Lawn Bowls Club:

I hereby make application for membership in the San Jose Lawn Bowls Club (SJLBC). As a member, I will abide by the SJLBC Constitution and By-Laws. I will hold SJLBC and its Board harmless of any claims or suits arising out of, or caused by, my participation in lawn bowling club activities sponsored by, or in association with the SJLBC. I further recognize that there may be inherent risks associated with such participation in lawn bowling activities, and I personally accept responsibility for those risks.

Signature: _____ **Date:** _____

Send your completed renewal form with check payable to: SJLBC

P.O. Box 8104

San Jose CA 95155-8104

-or-

Drop off this form and check at the Club.

Approved for Membership by the Executive Board: _____ **Date:** _____

President: _____

Secretary: _____