

SAN JOSE LAWN BOWLS

2021 Membership Application

Name: _____ Date: _____

Street Address: _____ City: _____

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

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

Preferred Contact: phone (h/m) _____ email _____ DOB (M/D): _____

SJLBC Sponsor: _____

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

Occupation/Employer (Optional): _____

I am applying for:

___ Primary Membership: (New member \$95, Renewing member \$65)

___ Dual Membership (New ___ Renewal ___): \$65 Primary Club: _____

___ Youth Membership (under 18): \$65; Adult Supervisor: _____

___ Associate (non-bowling) Membership: \$40

To the Board of San Jose Lawn Bowls Club:

I hereby make application for membership in the San Jose Lawn Bowls Club (SJLBC). If I am accepted as a member, I shall abide by the SJLBC Constitution, By-Laws, and of San Jose, SJLBC and its Board harmless of any claims and 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 application, 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 Board of Directors: _____ Date: _____

President: _____ Secretary: _____