



Membership Application

Name: _____ Date: _____

Street: _____ City: _____

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

Phone: Home: _____ Mobile: _____

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

SJLBC Sponsor: _____ Club Name Tag: Yes ___ No ___

In Case of Emergency: Contact: _____ Phone: _____

Occupation/Employer (Optional): _____

I am applying for:

___ Primary Membership (New___ /Renewal___): \$95

___ Dual Membership (New___ /Renewal___): \$65 Primary Club: _____

___ 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 Standing Rules. I agree to hold the City 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, to SJLBC, P.O. Box 8104, San Jose CA 95155-8104 - or drop off form and check at the Club.

Approved for Bowling in Games by Coach: _____ Date: _____

Approved for Membership by Board of Directors: _____ Date: _____

President: _____ Secretary: _____