CAMBRIDGE CHESTERTON INDOOR BOWLING CLUB LIMITED

Logans Way, Cambridge, CB4 1BL

Telephone: 01223 362713



Email: admin@chestertonindoorbowls.com

www.chestertonindoorbowls.co.uk

MEMBERSHIP FORM FOR SEASON FROM 1/9/25 TO 31/8/26

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FULL NAME (Including ti	tle)							
DATE OF BIRTH								
ADDRESS								
TELEPHONE NUMBER								_
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Please advise of any other co	hange of per	sonal det	tails					
Please tick option(s) below								
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Bank Transfer: Lloyds Bar	ık PLC:							
Account name: Cambridge	Chesterton	Indoor F	Bowling Clu	ıb Limited	, Sort Code:	30-91-56 Accou	unt Number: 01200207	
PLEASE STATE YOUR N								
CHEQUES SHOULD BE N	MADE PAY	ABLE T	O CAMBR	IDGE CH	ESTERTON	INDOOR BOV	WLING CLUB LIMIT	ED
CLUB PRIVACY POLICY Cambridge Chesterton Indoc and your involvment in club of club Privacy Policy. If you do NOT want your ema I understand by submitting th	activities. Th ail & phone i	e data wi number to	ll be collect to be display	ed and pro ed on our <u>i</u>	cessed in acco internal Bowl	ordance with the lR system please		[
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FOR OFFICE USE ONLY							Initials	\neg
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Entered on database Entered in address book								\dashv
Payment method	Card	Transfer	Cash		+			\dashv