

NEWTONGRANGE PÉTANQUE CLUB

Membership Application Form

Date of Application: _____

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Age group (please tick): U18 18-39 40-54 55-69 70+

Registered disabled (please tick): Yes No

Are you a member of any other Pétanque clubs: Yes / No

If Yes, which club(s): _____

Applicant's signature: _____

----- Official Use Only -----

Status: Accepted / Rejected

Date: _____

Officer's signature: _____