Bol Chumann na hÉireann

Social Club Affiliation Form 20___

Answer all questions fully and return form together with the Annual Affiliation fee to your Regional Secretary

Date: _____ /_____ /_____

Club	Hon. Secretary
Address	
Telephone	Region:

Officer Board	*Name*	*Address*
President		
Chairperson		
Hon. Secretary		
Hon. Treasurer		
Safety Officer		
Public Relations		

Date of A.G.M.:	Venue:
Current Assets: €	Bank:
Account Holder:	

Please attach the Financial Statement presented by the Treasurer at the Club's Annual General Meeting.

No.	*Name of Member*	*Address*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

No.	*Name of Member*	*Address*
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		

Club Active Date

Bowling dates the club will be active for the year

Month	*Club*
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Additional Members may be listed in this format on a separate page.

Signed: Club Sec.: _____ Regional Sec.: _____ Date: _____