

CANADIAN SHORT MAT BOWLS ASSOCIATION
CLUB MEMBERSHIP APPLICATION 2017 - 2018

Club Name:

Facility

Used: _____

Address:

Province: _____ Postal

Code: _____

Telephone: _____

Email: _____

Membership Fee or Fee/Day:

Days and Hours of Play:

Type of Surface: (Manufacturer, Model, Speed etc.)

Please describe:

Number of Mats in Use: _____ Number of Members _____

Contact Name #1

_____ Position _____

Telephone: _____ Email:

Contact Name #2

_____ Position _____

Telephone: _____ Email:

Membership Fee: \$50.00 _____ Subscription Fee: \$40.00 _____



Applications to be sent to:

Dave Burrows, CSMBA President

657 Vanderburgh Drive, Burlington, Ontario L7T 3W5
