



MALTA RAFFA BOWLS CLUB MEMBERSHIP FORM

Full Name (Block Letters): _____

ID Number: _____ Gender: Male Female

Date of Birth: ___ / ___ / ___

Nationality: _____

Address: _____

Telephone No.: _____ Mobile No.: _____

E-mail Address: _____

Kindly tick the membership you would like to apply for:

____ Valid for one year - €30

____ Valid for two years - €50

Please note that the application form must be accompanied by the relevant joining fee.

I hereby verify that the information provided is true and correct and that I would also like to receive information regarding the Malta Raffa Bowls Club.

By signing this membership application form, you agree that Malta Raffa Bowls Club may process, retain record and use my personal data, which is being given herewith for the purpose of the administration of the Membership register as a Member of the Club. This consent is given in compliance with the Data Protection Act 2001 (Chapter 440 of the Laws of Malta).

Date

Signature

Membership payment may be made by cheque payable to the **Malta Raffa Bowls Club** or via bank transfer to Bank of Valletta - IBAN **MT95VALL22013000000040023393149** - SWIFT CODE **VALLMTMT**. If using bank transfer, kindly send the membership form and proof of payment to info@raffabowls.com.mt.