

Malta Tenpin Bowling Association



€ 25	€5 Under 17	€2 Under 12	
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Membership Form

Membership No:

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Name & Surname

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Address

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--

Post Code

--

Tel Home

--

Tel Work

--

Mobile

--

email

--

Date of Birth

--

Sex

Male		Female	
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Occupation

--

Registration Date

--	--

Participating League

--	--

Players Signature*

--	--

Approved By (M.T.B.A.)

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By signing this form you are agreeing to abide with the M.T.B.A. statute.

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