

EASTERN PROVINCE BOWLS**(FORM 3)****DETAILS OF MEMBER/S RESIGNING / TRANSFERING TO OTHER CLUBS/DISTRICTS****CLUB :** _____**MONTH :** _____

Surname:	Initials:	Bowls SA No.:
ID Number:	Name:	Clearance Code:
Reason for Resignation:		

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PLEASE NOTE:

1. This form is to be completed for All Members relinquishing their Membership.
2. The "Code" block is for filling in the Clearance Number.