

## **MEMBERSHIP APPLICATION FORM**

Name				Date of Birt	h			
Address								
					Postcode			
Email								
Gender	Male/Fer	emale						
Phones	Home				Mobile (preferred)			
Registered d	egistered disabled? Yes / No				Are you a member of another club? Yes / No			
Membership			Select	Amount	Amount Due			
Age 31 & over				£95				
New Bowlers			£65					
Age 26 to 30			£35					
Age 20 to 25				£30				
Age Under 20			£25					
Under 18 & Full Time Students		tudents		FREE				
Social Member				£25				
					TOTAL	£		
Emergency	Contact De	etails						
Name								
Phone Num	ber							
Medication	Informatio	on						
I wish for ke below:	ey contacts	at the Club to	be aware	of information rel	ating to my hea	alth or medication, as de	etailed	

, , , , , , , , , , , , , , , , , , , ,	ions, terms or caution	ons?				
Please circle as appropriate:	Yes	No				
Details						
GDPR Consent						
give my consent to the following	,					
<ol> <li>My name and phone number deemed appropriated.</li> <li>My full name being supplicated affiliation.</li> <li>Any photos taken on the Comments.</li> </ol>	e ied to Worcestershir	e Bowling Associat	tion and Bowls Engl	and for the purpose of		
Do you use WhatsApp?	Yes/No	Yes/No				
Have you bowled before? If yes,	how many years?	Yes/No	Yea	Years		
Mr D Bennett, 10 The Pool, Ham Membership requires you to pur (please state size required:	o purchase.  nsidered and in due of erleaf  ur bank account, det	Evesham Club tean course you will be	n shirt contacted again. De	etails of the current		
Signed		Date				
dentity Verification – to be comp	oleted by Club Offici	al				
Type of ID seen Drivers Licence /	Passport / Birth Cer	tificate				
Name on this application form has	s been verified by a (	Club Official:	Yes	No		
Club Official Name						
Club Official Position						
Sido Official Publiculi						
Date Verified						