



MEMBERSHIP APPLICATION FORM

| | | | |
|-----------------------------|--------------------|----------------------|---|
| Name | | Date of Birth | |
| Address | | | |
| | | Postcode | |
| Email | | | |
| Gender | Male/Female | | |
| Phones | Home | | Mobile (preferred) |
| Registered disabled? | Yes / No | | Are you a member of another club? Yes / No |

| Membership | Select | Amount | Amount Due |
|---------------------------------|---------------|---------------|-------------------|
| Age 31 & over | | £95 | |
| New Bowlers (not bowled before) | | £65 | |
| Age 26 to 30 | | £35 | |
| Age 20 to 25 | | £30 | |
| Age Under 20 | | £25 | |
| Under 18 & Full Time Students | | FREE | |
| Social Member | | £25 | |
| | | | TOTAL £ |

| | |
|----------------------------------|--|
| Emergency Contact Details | |
| Name | |
| Phone Number | |

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|--|
| Medication Information |
| I wish for key contacts at the Club to be aware of information relating to my health or medication, as detailed below: |
| |

| | | |
|--|-----|----|
| Do you have any unspent convictions, terms or cautions? | | |
| Please circle as appropriate: | Yes | No |
| Details | | |

| |
|---|
| GDPR Consent |
| I give my consent to the following; |
| <ol style="list-style-type: none"> 1. My name and phone number to be held by the Club Secretary and to be published within the Clubhouse when deemed appropriate 2. My full name being supplied to Worcestershire Bowling Association and Bowls England for the purpose of affiliation 3. Any photos taken on the Club property by Club members can be used in the Club's website and social media |

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|-----------------------------|---------------|
| Do you use WhatsApp? | Yes/No |
|-----------------------------|---------------|

| | | |
|--|---------------|--------------|
| Have you bowled before? If yes, how many years? | Yes/No | Years |
|--|---------------|--------------|

PLEASE SEND THIS FORM TO THE CLUB SECRETARY:

Mr D Bennett, 10 The Pool, Hampton, Evesham, WR11 2PY or by email to Secretary@eveshambowls.co.uk

Membership requires you to purchase an approved Evesham Club team shirt
(please state size required: _____)

Other clothing is also available to purchase.

Your application form will be considered and in due course you will be contacted again. Details of the current subscription rates are shown overleaf

We prefer payment directly to our bank account, details will be provided once your application has been approved. Other methods of payment are also available.

| | | | |
|---------------|--|-------------|--|
| Signed | | Date | |
|---------------|--|-------------|--|

| | | | |
|---|--|-----|----|
| Identity Verification – to be completed by Club Official | | | |
| Type of ID seen Drivers Licence / Passport / Birth Certificate | | | |
| Name on this application form has been verified by a Club Official: | | Yes | No |
| Club Official Name | | | |
| Club Official Position | | | |
| Date Verified | | | |
| Club Official Signature | | | |