

# THAXTED BOWLING CLUB APPLICATION

I, (NAME) \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(TELEPHONE) \_\_\_\_\_  
(EMAIL) \_\_\_\_\_

(Capitals Please)

Age Range: Under 18 / 18 – 39 / 40 – 54 / 55 – 64 / 65 – 74 / 75+ (please circle)

HEREBY APPLY for PLAYING / ASSOCIATE / JUNIOR PLAYING membership of the above CLUB, and if elected, agree to abide by the present and future Rules of the Club.

Associate membership confers the right to the use of all Club facilities (except bowling) and the right to take part in all Club social functions and activities. Social members may also attend and participate in the Club General Meetings but do not have voting rights.

It should be understood that the club is run by its members and members are asked to assist in maintaining the fabric and/or day to day running of the club. Requests are made with consideration for the availability and ability of the member, however there is an expectation that members will do their best to make a contribution.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Please give Date of Birth if applying for Junior Playing membership (8-16) \_\_\_\_\_

Have you played bowls before? YES / NO

If yes please give brief details \_\_\_\_\_

Details are held in accordance with the Data Protection Act and are not passed to third parties. I agree my permission to pass my details to bowling associations that Thaxted Bowling Club are affiliated to in order to participate in League/ County/National competitions.

Do you have a Disability: YES / NO

If yes please give brief details \_\_\_\_\_

## Official Use Only

The above named was duly elected a Member at a Committee Meeting held on the:

\_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_ Chair of the Meeting

\_\_\_\_\_ Hon. General Secretary