



IBSTOCK BOWLING CLUB

Founded 1929

'Friends on and off the green'

Application for Full Membership Form *

* See notes at the end of this application.

Personal Details	
Name:	
Address:	
Postcode:	
Contact telephone number	
Email Address:	
Age:	Under 18 <input type="checkbox"/> 19 – 39 <input type="checkbox"/> 40 - 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 and over <input type="checkbox"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Next of kin/ Tel. No:	

Do you have any medical conditions or physical impairment that you think we need to know about? If so can you let us know.

--

Do you have any dietary requirements we should be aware of, in respect of any catering? (e.g.Coeliac, Nut Allergy, Lactose Intolerance etc.)

--

Have you played bowls before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes – How many years have you been playing?</i>	
<i>What positions have you played? (Tick all)</i>	Triples: Lead <input type="checkbox"/> No:2 <input type="checkbox"/> Skip <input type="checkbox"/> Rinks: Lead <input type="checkbox"/> No:2 <input type="checkbox"/> No: 3 <input type="checkbox"/> Skip <input type="checkbox"/>



IBSTOCK BOWLING CLUB

Founded 1929

'Friends on and off the green'

Are you a coach?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes – How long have you been coaching?</i>	
<i>Do you think of yourself as an active coach (Coaching a min of 30 minutes per week)?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your coaching qualification or accreditation? (Please tick the relevant box)	
Coach Bowls Member: <input type="checkbox"/>	EBCS Member: <input type="checkbox"/>
Coach Bowls Level 1 Qualified: <input type="checkbox"/>	EBCS Accreditation: L1: <input type="checkbox"/>
Coach Bowls Level 2 Qualified: <input type="checkbox"/>	L2 <input type="checkbox"/>
	L3 <input type="checkbox"/>
How did you first hear about the club?	
What is the main reason you joined?	
What is your current or previous occupation?	
Other than playing bowls, How else can you help the club? (e.g. Clerical/Organisational, Tradesman's skills, Greenkeeping, General help, Catering etc (please specify)	

Type of membership purchased: (Delete as appropriate)	New Bowler (New to bowling/1st year free)/Full Member/Junior Member (Under 18)
---	--

Notes.

*By filling in this form you consent to being added to our mailing list to receive regular information about our club and activities. Your personal data will not be used for any commercial gain, passed onto any commercial providers or to any third-party organisation, outside of Bowls England, EIBA and/or Bowls Development Alliance. Please see our Data Protection Policy overleaf for more information.

Under the terms of our bar licence, the **use of the licensed bar is not permitted until full membership has been approved by the Executive committee which will occur in a minimum of 5 days after the application has been received.

Please sign to confirm you agree with the above: _____