

Membership Application form

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|--|--|-------------------------------------|---|--|
| Date of Birth (if under 18) | | | Post or email to: - | |
| Name (in full) | | | Vanessa Copper (Secretary) | |
| Address (including postcode). | | | 3 Byfields Croft | |
| | | | Bexhill-on-Sea | |
| Email: | | | TN39 4JP | |
| | | | polegrovebowlsclub.secretay@gmail.com | |
| Home Telephone | | | | |
| Mobile | | | | |
| Do you have any disability? Yes/No Prefer not to say. | | | | |
| Name of any previous club | | | | |
| Preferred playing position | | No of years' experience (outdoors) | | |
| Are you a county badge player? YES/NO Do | | Do you have | Do you have any county points? YES/NO | |
| Have you won any trophies or competitions? YES/NO Do you enter county competitions? YES/NO | | | | |
| Have you won | a singles competition? YES/NO | | | |
| Bowls England Your details w | d. Your details may be shared with these | e partner organi nisation withou | mber of Sussex County Bowls Association and isations where it is deemed relevant/necessary. It your permission, in accordance with the Data | |
| A copy of the | Bowls England Privacy Policy can be for | ound here: | | |
| https://www.bowlsengland.com/policies-rules-and-regulations/ | | | | |
| By becoming a of Conduct. | a member of Polegrove Bowls Club, I aş | gree to abide by | y the club and National Governing Bodies Code | |
| Name: | | Date: | | |
| Signed: | | | | |
| Emergency co | ntact details. | | | |
| Name | ne Telephone Number | | | |
| | | | | |
| Date passed by Committee. | | | | |