



**Membership Application form**



**Date of birth (if under**

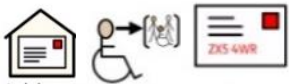
Day /month/year  
...../...../.....



**Name (in full)**

First name  
.....

last name  
.....



**Full Address (including postcode)**

.....



**Home telephone number**

.....



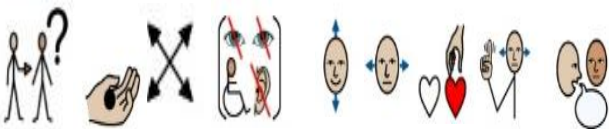
**Mobile phone number**

.....



**Email address**

.....



**Do you have any disability? Yes/No/Prefer not to say.**

Yes/no



Name of any previous club

123



Number of years' experience bowling (outdoors)

.....

.....



Preferred playing position

	lead
	2
	3
	skip



Are you a county badge player? Yes/No

.....



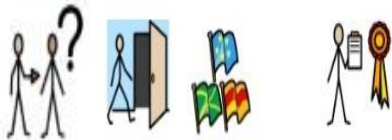
Do you have any county points? Yes/No

.....



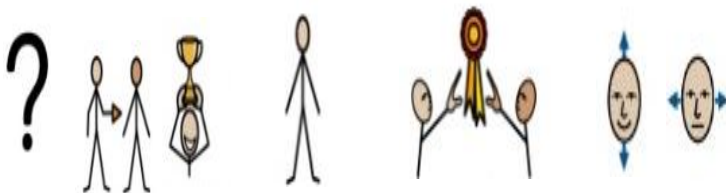
Have you won any trophies or competitions? Yes/No

.....



Do you enter county

.....



Have you won a singles competition?

.....



# Emergency contact



details



contact

01234



Name

Telephone Number



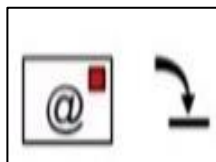
As a member of Polegrove Bowls Club, you are also an affiliated member of Sussex County Bowls Association and



Bowls England. Your details may be shared with these partner organisations where it is deemed relevant/necessary



Your details will not be passed to any third-party organisation without your permission, in line with Data



Petter Raws (membership Secretary)

Email to




[membership@polegrovebowlsclub.org.uk](mailto:membership@polegrovebowlsclub.org.uk)



By pressing the 'Submit Button' and becoming a member of Polegrove Bowls Club, I agree to a

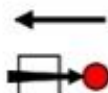


bide by the club and National Governing Bodies Code of Conduct. \*

 <b>Name:</b>		 <b>Date:</b>	
 <b>Signed:</b>			



Date



passed



by



Committee

**Date passed by Committee.**

...../...../...../...