

Membership Application form

Date of Birth (if under 18)

Name (in full)			
Address (inclu	nding postcode).		
Email:			
Home Telepho	one		
Mobile			
Do you have a	any disability? Yes/No Prefer not to say.		
Name of any p	previous club		
Preferred play	red playing position No of years' experience (outdoors)		
Are you a cou	re you a county badge player? YES/NO Do you have any county points? YES/NO		
Have you wor	n any trophies or competitions? YES/NO	Do you ento	er county competitions? YES/NO
Have you wor	a singles competition? YES/NO		
England. Your details will no	details may be shared with these partner	r organisations on without you	mber of Sussex County Bowls and Bowls where it is deemed relevant/necessary. Your r permission, in accordance with the Data
A copy of the	Bowls England Privacy Policy can be fo	ound here:	
https://www.b	owlsengland.com/policies-and-regulation	ns/	
By becoming of Conduct.	a member of Polegrove Bowls Club, I ag	gree to abide by	y the club and National Governing Bodies Code
Name:		Date:	
Signed:			
Emergency co	ontact details.		
Name	Telephone Number		