Valleyfield Bowling Club

Membership Application / Renewal Form

Season: _____

1. Membership Type

Please tick one:

☐ Full Playing Member ☐ Social Member ☐ Junior Member (Under 18)

☐ Youth Member ☐ New Member ☐ Renewal

2. Personal Details

Title: Mr / Mrs / Miss / Ms / Other

Full Name: _____

Date of Birth: ____ / ____ / _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email Address: _____

3. Emergency Contact Details

Name: _____

Relationship: _____

Telephone: _____

4. Bowling Information

Have you played lawn bowls before? ☐ Yes ☐ No

If yes, please provide details:

Previous Club(s): _____

Valleyfield Bowling Club

Years of Experience: _____

5. Medical Information (Optional)

Please provide details of any medical condition, allergy, or disability that the club should be aware of in an emergency:

6. Membership Fees

Membership Fee: £_____ Amount Paid: £_____

Payment Method:

☐ Cash ☐ Bank Transfer ☐ Other _____

Date Paid: ____ / ____ / _____

7. Privacy Consent

I consent to Valleyfield Bowling Club holding and processing my personal information for the purposes of managing my membership, organising club activities, competitions, and communicating club information.

☐ I Agree

8. Photography Consent

From time-to-time photographs may be taken during club activities for use on club noticeboards, newsletters, social media pages, and promotional materials.

☐ I Give Consent ☐ I Do Not Give Consent

9. Declaration

I agree to abide by the Constitution, Rules, and Code of Conduct of Valleyfield Bowling Club. I understand that failure to comply may result in disciplinary action or cancellation of membership.

Applicant Signature: _____ **Date:** ____ / ____ / _____

For Junior Members (Under 18):

Parent/Guardian Signature: _____ **Date:** ____ / ____ / _____

Club Use Only

Valleyfield Bowling Club

Membership Approved By: _____ **Date Approved**: ____ / ____ / _____