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|  | **HEXHAM ELVASTON BOWLING CLUB****MEMBERSHIP APPLICATION FORM** |

# Personal Information

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| --- | --- |
| Full name: |  |
| Date of Birth: |  |
| Age: |  |
| *(If under 18, Parent/Guardian information is required below)* |
| Name of Parent/Guardian: |  |
| Address: |  |
| Town: |  |
| Post Code: |  |
| Phone Number: |  |
| Email Address: |  |

# Membership Details

# Bowling Experience:

|  |
| --- |
|[ ]  Beginner |
|[ ]  Experienced - Previous Club: |  |

# Membership Type (Select one):

|  |
| --- |
|[ ]  Full Membership (including carpet bowls) (£130, £65 for first year for those new to bowling) |
|[ ]  Junior Membership (FREE for 18 years or under) |
|[ ]  Social Membership (£10) |
|[ ]  Carpet bowls (ONLY) Membership (£15) |

# Other:

|  |
| --- |
|[ ]  Clubhouse door and locker key (£5.00 returnable deposit which will be added to the membership fee payable) |

# Emergency Contact

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Phone Number: |  |

# Terms and Conditions

# I agree to abide by the rules and regulations of the Bowling Club.

|  |
| --- |
|[ ]  Yes, I agree |

# I understand that the Bowling Club reserves the right to terminate membership for non-compliance with club rules or conduct that negatively impacts the club's reputation.

|  |
| --- |
|[ ]  Yes, I understand |

# Privacy Policy

# Your privacy is important to us. The Bowling Club collects personal information to process your membership and provide you with the best experience possible.

# By checking the boxes below, you consent to the following:

# I consent to the collection of my personal data for membership purposes.

|  |
| --- |
|[ ]  Yes, I consent |

# I consent to the use of my contact details for club-related communications, including newsletters, event updates, and promotions.

|  |  |
| --- | --- |
|[ ]  Yes, I consent |[ ]  No, I do not consent |

# I understand that my personal data will not be shared with third parties without my prior consent, except as required by law.

|  |
| --- |
|[ ]  Yes, I understand |

# I consent to the use of photographs or recording of my participation in club events for promotional and marketing purposes.

|  |  |
| --- | --- |
|[ ]  Yes, I consent |[ ]  No, I do not consent |

# Payment Information

|  |  |
| --- | --- |
| Membership Fee: | £  |

# Payment Method:

|  |
| --- |
|[ ]  Bank Transfer (Sort code: 30-94-19 Account: 00222415) |
|[ ]  Cheque/Cash |

# Signature

# By signing below, you confirm that all information provided is accurate and that you agree to the terms outlined above. Signature should be from parent/guardian if member is under the age of 18).

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# Please complete and post to our secretary: Phil Hood, Littlegarth, Elvaston Road, Hexham, NE46 2HH or scan and email it to; secretary@elvastonbowls.co.uk