



# BLETCHLEY TOWN BOWLS CLUB NEW MEMBER APPLICATION



Address: 48a Princes Way Bletchley. MK2 2ER. Tel. 01908377567. Founded 1912.

President. Hon Peter Benson. Chair Hon. Paul Stewart

Correspondence To the Secretary: Mr M Davey at the club address above or eMail  
bletchleytownbowlsclub@gmail.com (Please do not send any money on application, this will be requested when membership is passed).

Date of Application \_\_\_\_\_

## MEMBER DETAILS

Family Member details if Player and 1 family

Name-

Name-

Address-

Address-

Post Code-

Post Code-

Home Phone No-

Home Phone No-

Mobile No-

Mobile No-

Email Address-

Email Address-

## MEMBERSHIP FULL YEAR

Application as:-

**Tick Fee**

Men or Ladies playing full member

☐ **£80**

Men or Ladies playing full member + 1 family

☐ **£95**

Junior playing member male or female

☐ **£30** (18 and over but under 21)

Junior playing member **male or female**

☐ **FREE** (8 and over but under 18)

Family member

☐ **£15**

Social member

☐ **£25**

Locker Fee Locker No(s) \_\_\_\_ and \_\_\_\_

☐ **£** (£3 per locker)

**TOTAL £\_\_\_\_\_**

Payments cash or a cheque made out to "Bletchley town bowls Club" only when requested

Tick one as it applies based on age 1<sup>st</sup> April for the season - for competition and rota eligibility purposes: - I will be:-

**Under 18** ☐ **Under 25** ☐ **55 and over** ☐ **60 and over** ☐ **80 and over** ☐

## GDPR

I agree my contact number may be used in the fixtures book and club contacts book to allow contact by other players for competitions. It will not be stored anywhere else except for the master membership list for the season. ☐

I agree my contact email if given can be used to send occasional emails to inform members of club news, occasions, competition updates and games. ☐



## BLETCHLEY TOWN BOWLS CLUB NEW MEMBER APPLICATION



Continues Over...

**Previous Clubs** (if any) \_\_\_\_\_

Have you been refused at another club? Reasons for refusal at another club

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This form must be signed by one sponsor and once seconder who must be fully paid-up playing members of this club. New to bowling – sponsors will be agreed or not after application.

**Sponsor Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Secunder Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

If accepted as a member I agree to abide by the Rules and Constitution of the Bletchley Town Bowls Club and any such amendments thereto\*. This form is to be displayed on the club notice board for a period of seven (7) days prior to submission to the Management Committee.

Members are expected to take a full part in the running of the club by as a minimum taking part in bar and food rotas as described in the club's rules.

***By applying for membership you are agreeing to your details being displayed to the membership for a minimum of 7 days and make representations to the committee before they can confirm or deny a membership.***

**Signature of Applicant\*\*** \_\_\_\_\_

**\*\* in case of a junior - parent or guardian to sign and a safeguarding form to be filled in which is attached.**

**Committee Decision**                      **YES/NO**

**Confirmed President/Chairman** \_\_\_\_\_ **Date Confirmed** \_\_\_\_\_

\*The Club Constitution & Rules can be found in the appropriate folder located within the clubhouse



# BLETCHLEY TOWN BOWLS CLUB NEW MEMBER APPLICATION JUNIORS ONLY - Consent Form for Parents / Carers



Bletchley Town Bowls Club, 48 Princes Way (Side Entrance), Bletchley.

Name of Child:

Address:

Telephone Contact No: (Home)

(Work)

In the interest of your child, it would be helpful to know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

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I consent to my child taking part in the Club activities whether on its premises or at away venues.

I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him / her from accident or other harm.

I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, and accept that such practitioner will need to be informed of any condition / medication disclosed above.

I am the parent / legal guardian of the child.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Note: If you require information on club activities, or have any concerns regarding your child's participation, please contact the person named below.

Malcolm Davey, club secretary, eMail [bletchleytownbowlsclub@gmail.com](mailto:bletchleytownbowlsclub@gmail.com)