



SOCIAL MEMBERSHIP APPLICATION

Full name		D.O.B	
Address		Postcode	
		Phone	
email		Mobile	

Next of Kin	Name	Contact Detail
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Medical Conditions	If you would like a record of any medical condition to be kept with the First Aid box in the pavilion please attach a clear note of it to this form.
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Previous Bowls Clubs		Wealden Locker No.	
		For mail in the indoor season	

I apply for Social Membership of Newick Bowls Club and agree to abide by the Constitution and Rules (displayed in the clubhouse or available on request) and the friendly spirit of the Club and to help where I can in the running of the Club and to help where I can in the running of the Club and to the use of my personal data for proper Club purposes in accordance with the Club's Privacy Policy.

Signed		Date	
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Please return this form with a cheque for £12 (payable to Newick Bowls Club) to:-

Barbara Lucas
Membership Secretary
57 Allington Road
Newick
BN8 4NB

Phone **01825 723607**
e-mail [**ditsydonkey@btinternet.com**](mailto:ditsydonkey@btinternet.com)

We look forward to welcoming you