



FULL MEMBERSHIP APPLICATION

Full name		D.O.B	
Address		Postcode	
		Phone	
email		Mobile	
Current/previous Occupation		Bowling Experience	Years
Next of Kin	Name	Contact Detail	
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.		
Previous Bowsls Clubs		Wealden Locker No.	
			For mail in the indoor season

I apply for Full Membership of Newick Bowsls 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 the use of my personal data for proper Club purposes in accordance with the Club's Privacy Policy.

Signed		Date				
Introducer	if you came to the club through a member please enter their name here and ask them to sign below.	Name				
Signed by Introducer		Date				
Fees Payable	Joining Date	Oct-May	June	July	Aug	Sept
	Amount	£50	£40	£30	£20	£10

Please return this form with your cheque (payable to Newick Bowsls Club) to

Barbara Lucas
Membership Secretary
57 Allington Road, Newick BN8 4NB
or hand the form to your Introducer

Phone 01825 723607

e-mail ditsydonkey@btinternet.com

We look forward to welcoming you