

DESBOROUGH BOWLING CLUB

York Road, Maidenhead, Berkshire, SL6 1SF

Tel: 01628 629403. Email: gensec@desboroughbc.co.uk

Website: www.desboroughbc.co.uk VAT Reg. No. 207 7898 26

Member of: Bowls England and English Indoor Bowling Association Ltd

Affiliated to: Royal County of Berkshire B.A. and London and Southern Counties B.A.

APPLICATION FOR MEMBERSHIP

I wish to apply for membership of Desborough Bowling Club. I understand, if accepted, that I will be able to transfer between categories of membership without further applications being necessary providing numbers within the category I seek to transfer to can accommodate me. At this stage I would like to be considered as:

(Delete those not applicable)

Outdoor and Indoor playing member – adult/ junior (under 18)

Outdoor only playing member – adult/junior

Indoor only playing member – adult /junior

Social only

Applicant's signature.....

Black pen and capital letters please for the rest of the form:-

Title.....

First names.....

Last name.....

Date of birth

Address

.....

Post Code.....

Home telephone.....

Mobile.....

Email.....

Proposed by

Signature.....

Seconded by.....

Signature.....

(If a new bowler from Coaching Class)- Qualified Instructor.....

CONTINUED OVERLEAF

(Answer "none" or delete as appropriate).
Incorrect answers will invalidate your membership

1. Names of previous Bowling Clubs

2. Do you give permission for these Clubs to be contacted. **Yes/No**

3. Have you ever had membership of a Bowling Club refused, suspended or terminated. **Yes/No**

When completed this application form should be sent to the General Secretary, as overleaf, together with a cheque for £5. This will be deducted from the annual subscription payable if accepted for membership, or returned if not accepted. If accepted for membership, but membership not taken up, this will be forfeited.

FOR OFFICIAL USE ONLY

1. Application registered by General Secretary and form passed to Membership Application Committee.

2. and
both being members of the Membership Application Committee confirm that we held a Club Policy Awareness Meeting with this applicant (and their responsible adult if under 18 years old) on.....

Our recommendation to the Membership Application Committee is:

.....

If the recommendation is refusal then state the grounds upon which this recommendation is made:

.....

3. Application **approved/refused**.

Signed by Chair of Membership Application Committee

4. Form returned to General Secretary for:

Notification to applicant Membership records