

Data Protection - Brimfield and Little Hereford Bowling Club will only use your personal data for the purpose of your involvement in the game of bowls. I understand that by submitting this form I am consenting to receiving information about Brimfield and Little Hereford Bowling Club events and information by post, email, SMS/MMS, online or phone unless stated otherwise.

I AGREE / I DON'T AGREE TO MY CONTACT DETAILS BEING SHARED
with other members for the purpose of my involvement in the game of bowls
(Please delete as applicable)

I wish to become a member of Brimfield and Little Hereford Bowling Club and agree to abide by the all Rules and Regulations.

Signed: _____ **Date:** _____

Proposer: _____

Thank you for considering Brimfield and Little Hereford as your bowling club.
Please complete and forward this application form to Membership Secretary at the above address.

Your remittance can either be sent with this form or by direct payment to:

BRIMFIELD & LITTLE HEREFORD BOWLING CLUB
SORT CODE 20-53-22 ACCOUNT No. 70187089

Annual Membership Fees are currently:

Adult Membership: £70.00 (which includes £10.00 subscription to the Sports Club)

Junior Membership: £15.00

Social Membership: £15.00 (which includes £10.00 subscription to the Sports Club)

If you are joining mid-way through a season there may be an entitlement to a reduction in the current year's subscription, subject to Committee approval.

Thank you



Jennie Cole, Membership Secretary



BRIMFIELD & LITTLE HEREFORD BOWLING CLUB

www.brimfieldandlittleherefordbc.co.uk

Mrs Jennie Cole
Membership Secretary

Hesterworth Cottage

Hopesay

Shropshire

SY7 8EX

Telephone: 01588 660891

Mobile: 07785 330 383

Email: jennietcole@gmail.com

NEW MEMBERS Application Form

1) Personal Details:

Name: _____

Address: _____

Postcode: _____

Phone number: _____

Mobile: _____

Email Address: _____

Age:

Under 18	<input type="checkbox"/>	19-39	<input type="checkbox"/>	40-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75 +	<input type="checkbox"/>

Gender

Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
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2) Membership details:

Type of Membership required:

Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Social	<input type="checkbox"/>
New bowler?	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>

Where did you hear about us?

Through a friend ☐ Press or recruitment leaflet: ☐

Other ☐ Please specify: _____

3) Experience:

Do you play indoor? Yes ☐ No ☐
Do you play outdoor? Yes ☐ No ☐

If yes - Club name: _____

How long have you played the sport of Bowls? _____ years

What is the main reason you play? _____

Do you have a role on the Club Committee? Yes ☐ No ☐
If yes, please state the role: _____

Are you a coach? Yes ☐ No ☐
If yes – How long have you been coaching? _____
Do you think of yourself as an active coach?
(Coaching a min of 30 minutes per week) Yes ☐ No ☐

Please tick the relevant box:

Coach Bowls Member

☐
☐
☐

EBCS Member

☐
☐
☐
☐

Accreditation - Level 1

Level 2

Level 3

Coach Bowls Level 1
qualified

Coach Bowls Level 2
qualified

We collect the following information to ensure that the club can demonstrate its continued commitment to inclusion and equality.

4) Disability:

Please can you indicate if you have any long-standing illness or disability that affects you in any of the following ways.

Please also include any which may be attributed to old age and tick ALL that apply.

None of these apply to me

Vision (for example, due to blindness or partial sight)

Hearing (for example, due to deafness or partial hearing)

☐
☐
☐

Mobility (for example such as difficulty walking short distances, climbing stairs, lifting & carrying objects)

Learning or concentrating or remembering

Mental Health

Stamina or breathing difficulty

Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome)

Difficulty speaking or making yourself understood

Dexterity difficulties (for example difficulty lifting, grasping or holding objects)

Long-term pain or discomfort that is always present or reoccurs from time to time

☐
☐
☐
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☐

5) Ethnicity:

Please will you tick **ONE** of the following boxes to identify your ethnic group/origin:

White

British

Irish

Other white background
(please specify): _____

☐
☐
☐

Asian or Asian British Pakistani

Indian Bangladeshi

Other Asian background
(please specify): _____

☐
☐

Black or Black British

Caribbean

African

Other Black background
(please specify): _____

☐
☐
☐

Chinese or other ethnic group

Chinese

Any other (please specify): _____

☐
☐

6) Skills:

The Club is run by volunteers to ensure the Club and the Green is maintained and costs are kept to a minimum. Do you have any skills that you feel could benefit the Club in anyway?
