



# BRIMFIELD & LITTLE HEREFORD BOWLING CLUB

www.brimfieldandlittleherefordbc.co.uk

BLHSC  
Membership  
Number

Office

## NEW MEMBERSHIP FORM

Year: \_\_\_\_\_

Please complete all sections of this form and ask an existing member to support your application:

### 1) PERSONAL DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: Under 18 ☐ 18-25 ☐ 26-54 ☐ 55-64 ☐ 65-74 ☐ 75 + ☐

Gender: Male: ☐ Female: ☐

### 2) MEMBERSHIP REQUIRED:

Type of Membership required (age as at 1 <sup>st</sup> April):	Annual Fees	Discount applied for:
ADULT BOWLER (26+):	£75.00 <input type="checkbox"/>	£ _____
JUNIOR BOWLER (18 - 25):	£35.00 <input type="checkbox"/>	£ _____
YOUTH BOWLER (Under 18):	£10.00 <input type="checkbox"/>	
SOCIAL MEMBER (non bowling):	£15.00 <input type="checkbox"/>	

(Includes your £10 subscription to the Sports Club)

**DONATION TO CLUB:**  
£ \_\_\_\_\_

### 3) TOTAL PAYMENT MADE:

PAID BY BACS	£ <input type="text"/>	PAID BY CHEQUE	£ <input type="text"/>	PAID BY CASH	£ <input type="text"/>
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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**

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

**I AGREE / I DON'T AGREE TO MY CONTACT DETAILS BEING SHARED** *(Please delete as applicable)*

with other members for the purpose of my involvement in the game of bowls

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ as a current member of BLH, will verify the above person and support this application. I will be happy to act as a Mentor should the Membership approved:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete Section 4 & 5 and forward this application form to Membership Secretary at the address below

**MEMBERSHIP SECRETARY**  
Susan Northwood, 7 Lewis Drive, Ludlow, Shropshire, SY8 1FL  
Mobile: 07739 231936 Email: susan.m.northwood@gmail.com

#### 4) SKILLS AND EXPERIENCE:

Have you played bowls previously - No ☐ Yes ☐ Number of years played \_\_\_\_\_

Previous Club/s: \_\_\_\_\_

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?

**Please tick the relevant box:**

Coach Bowls Member ☐ Accreditation - Level 1 ☐ Level 2 ☐ Level 3 ☐  
Coach Bowls Level 1 qualified ☐ Coach Bowls Level 2 qualified ☐  
I would be interested in training to be a Coach: ☐

Other qualifications or skills that could be of value to the Club:

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

#### 5) DISABILITY:

Please update us on any long-standing illness or disability that affects you in any of the following ways. Include any which may be attributed to old age and **PLEASE TICK ALL THAT APPLY.**

<input type="checkbox"/> VISION (for example, due to blindness or partial sight)	<input type="checkbox"/> MENTAL HEALTH
<input type="checkbox"/> HEARING (for example, due to deafness or partial hearing)	<input type="checkbox"/> STAMINA OR BREATHING DIFFICULTY
<input type="checkbox"/> MOBILITY (for example such as difficulty walking short distances, climbing stairs, lifting & carrying objects)	<input type="checkbox"/> SOCIAL OR BEHAVIOURAL ISSUES (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Asperger' Syndrome)
<input type="checkbox"/> LEARNING OR CONCENTRATING OR REMEMBERING	<input type="checkbox"/> DEXTERITY DIFFICULTIES (for example difficulty lifting, grasping or holding objects)
<input type="checkbox"/> DIFFICULTY SPEAKING or making yourself understood	
<input type="checkbox"/> LONG-TERM PAIN or discomfort that is always present or reoccurs from time to time	<input type="checkbox"/> None of these apply to me

#### 6) ETHNICITY:

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

<input type="checkbox"/> White	<input type="checkbox"/> Asian or Asian British Pakistani
<input type="checkbox"/> British	<input type="checkbox"/> Indian Bangladeshi
<input type="checkbox"/> Irish	<input type="checkbox"/> Other Asian background (please specify):
<input type="checkbox"/> Other white background (please specify):	
<input type="checkbox"/> Mixed	<input type="checkbox"/> Black or Black British
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Caribbean
<input type="checkbox"/> White & Asian	<input type="checkbox"/> African
<input type="checkbox"/> White & Black African	<input type="checkbox"/> Other Black background (please specify):
<input type="checkbox"/> Other mixed background (please specify):	<input type="checkbox"/> Chinese or another ethnic group

Thank you for completing the information, it can benefit funding for the sport.

**MEMBERSHIP SECRETARY**

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