



IRCHESTER BOWLING CLUB

MEMBERSHIP FORM



Personal Details					
Name:					
Address:					
Postcode:					
Telephone number					
Mobile number					
Email Address:					
Age:	Under 18	19 – 39	40 - 54	55 – 64	65 and over
Gender:	Male	Female			
What type of membership	FULL	STUDENT	JUNIOR		

Health and/or Medical Condition/s:

Are any of the health issues below relevant to you?

1. No long-standing illness or disability	
1. Visual (e.g. blindness or partial sight)	
2. Mobility issues (e.g. difficulty walking short distances, climbing stairs, lifting & carrying objects)	
3. Hearing (e.g. deafness or partial hearing)	
4. Difficulty learning, concentrating or remembering	
5. Mental health problems	
6. Stamina or breathing difficulty	
7. Social or behavioural issues (e.g. autism, attention deficit or Aspergers' Syndrome)	
8. Difficulty speaking or making yourself understood	
9. Dexterity difficulties (for example difficulty lifting, grasping or holding objects)	
10. Long-term pain or discomfort that is always present or reoccurs from time to time	
11. Other long-standing illness or disability	
12. Prefer not to say	

Are you a coach?	Yes	No	If Yes How long have you been coaching? What is your qualification?
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IRCHESTER BOWLING CLUB

Ethnicity:

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

White		Asian or Asian British Pakistani	
British		Indian Bangladeshi	
Irish		Other Asian background (please specify):	
Other white background (please specify):			
		Black or Black British	
Mixed		Caribbean	
White & Black Caribbean		African	
White & Asian		Other Black background (please specify):	
White & Black African		Chinese or other ethnic group:	
Other mixed background (please specify):		Any other (please specify):	

How did you first hear about the club?	
What is the main reason you joined?	
What is your current or previous occupation?	

	NAME	ADDRESS	CONTACT NUMBER
NEXT OF KIN			
NEIGHBOUR/ FRIEND			

*By filling in this form you consent to being added to our mailing list to receive regular information about our club and activities. Your personal data will not be used for any commercial gain, passed onto any commercial providers or to any third-party organisation, outside of Bowls England, EIBA and/or Bowls Development Alliance.

PLEASE TICK OR CROSS

I give permission for my name or photograph to appear on the club WEBSITE

I give permission for my name or photograph to appear on the club FACEBOOK PAGE

Please sign to confirm you agree with the above: _____

*Please return completed form to Mr. Richard Sharpe, Membership Secretary,
12 Drayton Close, Rushden.NN10 9HY*