



Balsham Bowls Club Membership Application Form

Name:			
Address (with Postcode):			
Email:			
Home Telephone/Mobile			
Date of Birth:			
Disability & Health (Highlight your selection): Yes No Prefer not to say <i>If yes please specify:</i> Visual impairment , Hearing impairment , Physical impairment , Learning difficulty Diabetic , Epilepsy , Heart condition , Prefer not to say , Other Please provide us with any further information required: It is your responsibility to inform your captains of any relevant health conditions.			
Name:		Date:	
Signed:			

Emergency Contact Information

Name:		Relationship:	
Home Telephone:		Mobile:	

(To be used by the club in case of an emergency & by captains on match days)

As a member of Balsham Bowls, you are also an affiliated member of Cambridge County, Steeple Bumpstead League and Bowls England. Your details may be shared with these partner organisations where it is deemed relevant/necessary. Your details will not be passed to any third party organisation without your permission, in accordance with the Data Protection Act 2018 (GDPR)

By becoming a member of Balsham Bowls, I agree to abide by the club and National Governing Bodies Code of Conduct.

If the member is under 18 years old, please complete the Parent/Legal Guardian contact information.

Name:		Relationship to Member:	
Contact Number:		Email:	