

Office Use Mem. No

YORK AND DISTRICT INDOOR BOWLS CLUB

302 THANET ROAD, DRINGHOUSES YORK YO24 2NW TEL: 01904 704180

APPLICATION FOR MEMBERSHIP

NAMES IN FULL (Block Letters)

Mrs/Mr/Ms

Address

.....

Post Code Tel. No Date of Birth

E-mail address (this will only be used to contact you on Club business)

.....

Disability

(So that we can adapt our offering to take account of your needs)

If yes, please enter code from table below:-

We may have to contact you in relation to bowling matters. Please indicate how you like to be contacted. Due to data protection requirements we can only contact you with your **express** permission. You can see our Privacy policy on our website or on the noticeboard.

Email :-

Post :-

Phone :-

The phone is vital to inform you of changes at short notice (eg. Cancellation of games).

You may still receive calls in relation to your membership

I hereby apply for membership of the above club and if accepted agree to abide by the Rules, Policies and the Byelaws as constituted. I have read the Clubs "Code of Conduct" and agree to abide by it.

Please tick the class of membership required:-

Bowler Social Member

Applicants Signature Date _____

Disability Code

- 1-Vision 2-Mobility 3-Hearing 4-Learning, Concentrating or Remembering 5-Mental Health
- 6-Stamina or Breathing Difficulty 7-Social or Behavioural Issues 8-Difficulty Speaking or making yourself understood
- 9- Dexterity Issues 10-Long Term Pain and Discomfort 11-Other