



MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THE FORM USING BLOCK CAPITALS AND RETURN TO THE SECRETARY, JOHN PARSONS,
95 THE STREET, SUTTON, NR12 9QZ

TITLE.....

SURNAME.....

FIRST NAME(S).....PREFERRED NAME.....

ADDRESS.....

TOWN.....

POSTCODE.....

CONTACT DETAILS:

HOME PHONE NUMBER.....MOBILE.....

EMAIL ADDRESS.....

DATE OF BIRTH (OPTIONAL).....

ANY DISABILITIES/HEALTH ISSUES YOU
WOULD LIKE THE CLUB TO BE AWARE OF.....

EMERGENCY CONTACT DETAILS:

NAME.....

RELATIONSHIP.....

HOME PHONE NUMBER.....MOBILE.....

DATA PROTECTION: I consent to my data being stored and used in the following way: All the information supplied is kept on file. Email addresses are used only for communication with you by Hickling Bowls Club. Names and telephone numbers are displayed in the clubhouse. Addresses are not displayed openly but are used for communication purposes. Please sign below to acknowledge you have read the above.

SIGNED.....

DATE.....