

ELTHAM BOWLING CLUB
 HALONS ROAD, ELTHAM, LONDON SE9 5BS
 TELEPHONE NUMBER 020 8850 8051
elthambowlingclub1906@gmail.com

Application for Membership 2024/2025

I would like to join Eltham Bowling Club (EBC) as a **(Social/Full)** Member and I agree to abide by such rules and regulations as may be in force from time to time. I also understand that as a new member I may receive free instruction until the club coach/instructor advises me that I may consider myself a full playing member, able to participate in all events.

I have no objection to a record of my name, address, telephone number and email being stored in computers under the control and supervision of Officers of the club and used in accordance with the current legislation in the Data Protection Act. I give permission for my photograph to be used for any publicity purpose. Please ensure your emergency contact has agreed to act in that capacity and consents to their personal data being stored and used by EBC.

Please initial in box)

Date.....

Signature.....

History	
Are you currently a member of any other bowling club?	Yes/No , if Yes name of club
Have you had a previous application for membership rejected by any bowls club in the last 5 years?	Yes/No , if Yes please give details on the reverse of this form
Within the past 2 years have you had any disciplinary action taken against you by any bowls club?	Yes/No , if Yes please give details on the reverse of this form
Have you played bowls before?	Yes/No , if Yes please answer the following: -
How long have you been bowling?	
Name of previous club?	
Reason for leaving last club?	
Level of bowling experience (e.g. Beginner, Club Player, County Player)	
Are you prepared to play in league matches?	Yes/No
Would you be prepared to help with any tasks as part of your contribution to club membership and activities?	Yes/No
Please indicate which areas you are prepared to volunteer for if asked. Please tick.	Bar Team Serving Teas Garden/Groundwork Painting and General Maintenance any Other (Inc. Donation/Sponsorship)

Contact Details

Mr.. .Mrs...Ms...Miss Surname.....

First Name Date of Birth

