

## Shifnal Bowling Club Limited

### Membership Registration Form 2024

#### Members' Details:

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

☎ \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ BCGBA No: \_\_\_\_\_

**Membership:** Please tick appropriate box below: ✓:

Ordinary Membership	<input type="checkbox"/>	Junior Membership	<input type="checkbox"/>
Family Membership A	<input type="checkbox"/>	Family Membership B	<input type="checkbox"/>

See Note 1. regarding annual subscription rates.

#### Next of Kin:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and/or Contact Telephone Number:

#### Medical Information:

Please detail below any important medical information which you believe Team Captains or Coaches need to be aware of. Please indicate, by ticking the box below, if you would prefer to discuss this privately with relevant Officers of the Club.

#### Sports Accident Cover:

See Notes 2. regarding sports accident cover:

Please tick box if you want the Club to purchase personal accident cover for you under BCGBA Insurance Scheme in the sum of £4.

#### Playing Preferences:

##### Competitive Bowling.

Should you wish to represent the Club in competitive fixtures during 2024 season, please register your interest in being considered for selection to teams by completing a separate Membership Preference Form.

##### Social Bowling.

Should you **not** wish to play competitively but rather to be involved only in organised Social Bowling activities, please indicate your interest on the separate Membership Preference Form 2024.

*Note: Social Bowling activities include the Club's programme of internal competitions, should you wish enter any of these.*

### Declaration:

#### **Junior or Family Membership:**

I am registering for a Junior or Family Membership and have completed Addendum to Registration Form for each young person.  
*Strikethrough if not applicable.*

#### **Playing Preferences:**

I wish my name to be included on the Club's playing preferences register and have completed the relevant form.  
*Strikethrough if not applicable.*

#### **Constitution:**

I agree to be bound by and comply with the Articles of Association of Shifnal Bowling Club Ltd and any other rules or byelaws that may be implemented from time to time. *A copy of the Articles of Association and byelaws is available in the clubhouse for members' information.*

#### **Codes of Conduct:**

I agree to abide by the provisions of the Codes of Conduct for Club members which are displayed on the clubhouse noticeboards.

#### **General Data Protection Regulation (GDPR):**

I understand and agree that the personal information provided on this form and any other information obtained or provided during my membership will be used for the purposes as detailed in the Club's Privacy Notice to our Members, version June 2018. *A copy of the Privacy Notice is available in the clubhouse or may be obtained, on request, from the Club Secretary.*

#### **Liability of Members:**

I acknowledge and accept my obligation, under Article 4 of the Constitution, that I have a liability limited to £1 in the event of Shifnal Bowling Club Ltd entering administration, whilst I am a member or within one year of my ceasing to be a member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notes:

#### **1. Annual Subscriptions 2024/25.**

Ordinary Membership	£35	All adults
Junior Membership	£10	Age 17 or younger. <i>See note below.</i>
Family Membership A	£40	One adult Parent/Guardian plus one dependant who has not reached the age of 18 on 31 <sup>st</sup> March 2024. <i>See note below.</i>
Family Membership B	£45	One adult Parent/Guardian plus two or more dependants who have not reached the age of 18 on 31 <sup>st</sup> March 2024. <i>See note below.</i>

**Note.** *Members to be aware of proposed changes to Junior and Family memberships, to be presented and voted on at the AGM.*

#### **2. Sports Accident Cover:**

The Club's Insurer does not provide this cover for Members. Cover can be provided for BCGBA registered members, to age 80, under Sportscover Insurance Scheme on payment of £4?. **Note:** *The cut-off date for requests for sports accident cover is 6<sup>th</sup> March, to enable Club Treasurer to progress members' insurance requirements prior to commencement of the season.*

**Payment** may be made by:

- Bank transfer to **Shifnal Bowling Club Limited** at Lloyds Bank.  
Account No: 58455660 Sort Code: 30 18 55  
Reference: Annual Subs
- Cash, or cheque made payable to **Shifnal Bowling Club Limited**.
- To Club Treasurer, **Mr C Newbrook**, at: **18 Highland Lea, Horsehay, Telford. TF4 3UA**

#### **Receipt of Payment:**

Amount	Cash, cheque, or transfer	Received By: