WEST MERSEA BOWLS CLUB

Colchester Road, West Mersea, Colchester CO5 8JZ Tel: 01206 382580





Renewal of Summer Membership 2024

Please indicate which type(s) of membership you	are renewing":	
Summer Outdoor Only (May – September) Summer Indoor (May – September)		£80 🗆 £60 🗆
Name* Address*		
Postcode* Telephone number (preferred – landline or mobile Email address		
Please complete the above as fully as possible. Veralls are accurate and up to date. Our Privacy	O	
We must register all playing members with the Na	ational, County and I	ocal bowling associations.
Payment options (please tick) Sorry, no cash: *		
☐ Bank transfer to "West Mersea Bowls Club" Reference: Your name e.g. "Jo Bloggs"	Sort code 20-22-67	Account no. 00018937
☐ Cheque payable to "West Mersea Bowls Club	o"	
 You can return your form by: Emailing to the address above Post By hand to the Club office 		
Please also complete your profile information overlea	f if it changed since yo	ou last advised us.
Signed:*	Date: *	

Office use only

Action	Date	Initials
Fee Rec'd		
Handbook issued		
Database updated		

We are asked by the governing bodies for Bowls, and Sport England, to provide membership profile information. This is only ever provided in aggregate form, but we do need:

Do you consider you have a Disability?: (Please tick any/all that apply)	
No long-standing illness or disability	
1. Vision (due to blindness or partial sight)	
2. Mobility (difficulty walking short distances, climbing stairs, lifting, or carrying objects)	
3. Hearing (due to deafness or partial hearing)	
4. Learning or concentrating or remembering	
5. Mental Health	
6. Stamina or breathing difficulty	
7. Social or behavioral issues (due to neuro diverse conditions such as Autism, Attention Deficit or Asperges Syndrome)	
8. Difficulty speaking or making yourself understood	
9. Dexterity difficulties (lifting, grasping, or holding objects)	
10. Long-term pain or discomfort (that is always present or reoccurs from time to time)	
11. Other	
Prefer not to say	