

BRIMFIELD & LITTLE HEREFORD BOWLING CLUB

www.brimfieldandlittleherefordbc.co.uk

511166	o.cc.
BLHSC	Office
Membership	
Number	

CURRENT MEMBERS RENEWAL FORM 2024

To ensure we are kept up to date with your personal information would you please provide your current details:

1) PERSONAL I	DETAILS:					
Name:						
Address:						
				Posto	code:	
Phone number:				Mo	obile:	
Email Address:						
Age:	Under 18	19-39	40-54	55-6	65-74	75 +
Gender:		Male:	Female	2:		
2) MEMBERSH	IIP REQUIRED:					
Type of Members	ship required:		Annual Fees	S	Disco	ount applied for:
	ADULT	BOWLER (18+):	£70.00		£	
(Includes your £10 subscription to the Sports Club)				 -		
	JUNIOR BOW	LER (under 18):	£15.00]	
	SC	OCIAL MEMBER:	£15.00		1	
(Includes you	ır £10 subscription to	the Sports Club)			_ DON	ATION TO CLUB:
					£	
3) TOTAL PAYN	IENT MADE:					
PAID	£	PAID	£		PAID BY CASH	£
BY BACS		BY CHEQUE				_
Your remittance can either be sent with this form or by direct payment to:						
BRIMFIELD & LITTLE HEREFORD BOWLING CLUB SORT CODE 20-53-22 ACCOUNT No. 70187089						
Data Protection - Brimfield and Little Hereford Bowling Club will only use your personal data for the purpose of						
your involvement in the game of bowls. I understand that by submitting this form I am consenting to receiving information about Brimfield and Little Hereford Bowling Club events and information by post, email, SMS/MMS,						
online or phone un	nless stated otherw	vise. I wish to bec	ome a membe	-		le Hereford Bowling
Club and agree to	•	_				
	DON'T AGREE To other members f					
Signed	:				Date:	·
	pporting Brimfiel					

Please complete and forward this application form to Membership Secretary at the address below:

4) SKILLS AND EXPERIENCE:

The Club is run by volunteers to ensure the Club and the Green is maintained and costs are kept to a minimum. Do you have any skills that you feel could benefit the Club in anyway?

Please tick the relevant box:						
Coach Bowls Member Accreditation - Level 1 Level 2 Level 3						
Coach Bowls Level 1 qualified Coach Bowls Level 2 qualified						
I would be interested in training to be a Coach:						
Other qualifications or skills that could be of value to the Club:						
We collect the following information to ensure the commitment to inclusion and equality.	nat the club can demonstrate its continued					
5) DISABILITY:						
Please update us on any long-standing illness or di Include any which may be attributed to old age an	sability that affects you in any of the following ways. d PLEASE TICK ALL THAT APPLY.					
VISION (for example, due to blindness or partial sight)	MENTAL HEALTH					
HEARING (for example, due to deafness or partial hearing)	STAMINA OR BREATHING DIFFICULTY					
MOBILITY (for example such as difficulty walking short distances, climbing stairs, lifting & carrying objects)	SOCIAL OR BEHAVIOURAL ISSUES (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Asperger' Syndrome)					
LEARNING OR CONCENTRATING OR REMEMBERING	DEXTERITY DIFFICULTIES (for example difficulty lifting, grasping or holding objects)					
DIFFICULTY SPEAKING or making yourself understood						
LONG-TERM PAIN or discomfort that is always present or reoccurs from time to time	None of these apply to me					
6) ETHNICITY:						
Please will you tick ONE of the following boxes to i White	identify your ethnic group/origin: Asian or Asian British Pakistani					
British	Indian Bangladeshi					
Irish	Other Asian background (please specify):					
Other white background (please specify):						
İ	Black or Black British					
Mixed	Caribbean					
White & Black Caribbean	African					
White & Asian	Other Black background (please specify):					
White & Black African						
Other mixed background (please specify):	Chinese or another ethnic group					

Thank you for completing the information, it can benefit funding for the sport.

MEMBERSHIP SECRETARY