



## Shiplake Village Bowling Club

[www.bowlsshiplake.com](http://www.bowlsshiplake.com)

### MEMBERSHIP APPLICATION FORM 2026

Personal Details			
Name of Applicant:			
Address, incl. postcode:			
Contact Telephone Numbers:	(Home)	(Mobile)	
Email Address:			
Age:	Under 18 18 – 39	40-54 55-64	65 and over Prefer not to say
Gender:	Male	Female	Prefer not to say

Emergency Contact Details			
Name:		Relationship:	
Home Phone No.		Mobile Phone No.	

Health and Medical Conditions
Do you suffer from any health/medical conditions which you wish to bring to the attention of the Club? If so, please describe them immediately below. Any such details provided will only be disseminated on a 'need to-know' basis.

<b>General</b>	
How did you first hear about the club?	
What is your main reason for joining?	
Are you a new bowler?	Yes No
If No, of which club were you previously a member?	
Type of membership sought:	Full: £140 p.a. Associate (Non-playing): £30 p.a. Junior (under 18) £25 p.a.
Cheques should be made payable to 'Shiplake Village Bowling Club'. Alternatively, payment may be made by bank transfer to 'Shiplake Village Bowling Club', Account No. 19528868 Sort Code 30-80-54	

<b>Declaration</b>			
<p>As a member of Shiplake Village Bowling Club, you will also be an affiliated member of Bowls Oxfordshire and Bowls England. Your details may be shared with these partner organisations when relevant and necessary. In accordance with the Data Protection Act 2018 (GDPR) and Bowls England Privacy Policy, your details will not be used for commercial gain, nor passed on to any commercial providers or third-party organization without your permission. <i>By completing this form you agree to abide by the Club Rules and consent to being added to our mailing list to receive regular and irregular information about the club and its activities. You also consent to your picture being taken during club events and used occasionally on the Shiplake Village Bowling Club's website, Facebook page and in the local press.</i></p> <p><b>The club puts in place measures to keep members safe, but I agree that the ultimate responsibility for my health and safety lies with me.</b></p> <p>Please sign to confirm your acceptance of the above:</p> <p>Signed _____ Date: _____</p>			
<p><b>If the Applicant is under 18 years of age, would a Parent/Legal Guardian please complete the following details? Please note that unattended children are not permitted at the Club</b></p>			
Name of Parent/Legal Guardian:		Relationship to Applicant:	
Contact Phone No.		Email address:	

Completed forms and cheques should be returned to the Club Secretary, Alan Gough, 25 Chiltern Road, Caversham, Reading RG4 5HR. If paying by bank transfer, completed forms can be emailed to [agough4060@gmail.com](mailto:agough4060@gmail.com)