

## **Shiplake Village Bowling Club**

## www.bowlsshiplake.com

## MEMBERSHIP APPLICATION FORM 2025

Personal Details							
Name of Applicant:							
Address, incl. postcode:							
				(1.1.11.)			
Contact Telephone Numbers:		(Home) (Mobile)					
Email Address:							
Age:		Under 18		40-54	65 and over		
		18 – 39		55-64	Prefer not to say		
Gender:		Male		Female	Prefer not to say		
Emergency Contact Details							
Name:			ı	Relationship:			
Home Phone No.		N		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.							
HEED TO-KHOW DASIS.							

SVBC Membership Application Form 2023 Page 2 of 2

General						
How did you first hear about	out the club?					
What is your main reason	n for joining?					
Are you a new bowler?		Yes No				
If No, of which club were	you previously a memb	er?				
Type of membership soug	ght:		p.a. (Non-playing): £30 p.a. der 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						
Declaration						
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.						
list to receive regular and	d irregular information a	about the club and	consent to being added to our mailing its activities. You also consent to your the Shiplake Village Bowling Club's			
Please sign to confirm yo	ur acceptance of the ab	ove:				
SignedDate:						
If the Applicant is under following details? Pleas		_	Guardian please complete the permitted at the Club			
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 <a href="mailto:agough4060@gmail.com">agough4060@gmail.com</a>