

CALNE SHORT MAT BOWLS CLUB



NEW MEMBERSHIP APPLICATION FORM

Name : _____

Address : _____

Postcode : _____

Contact details : **home :** _____
 work : _____
 mobile : _____
 Email : _____

Please indicate age group

<u>U18</u>	18 - 39	40-54	55-64	65+
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Are you ESMBA registered

Yes/No	If Yes which Club	
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ESMBA Registration Number: _____

CURRENT MEMBERSHIP (2019/20) £10

Any further useful information, such as previous experience or medical information,so that we can make sure your needs are met wherever possible.

By signing this I agree to abide by the club constitution and English Short Mat Bowling Association rules, and also agree that the information contained on this form can be used by the club in accordance with the Clubs' General Data Protection Regulation Policy (GDPR). (details are available upon request from the Secretary).

Signed : _____ **Date :** / /

Please return completed form to: Stuart Beard (Secretary C.S.M.B.C.)
9 Arden Close, MELKSHAM, SN12 7JT (Tel: 01225 706972)

ref : slb : 201911
