

APPLICATION FOR MEMBERSHIP

NORFOLK BOWLING CLUB

Founded 1922

444a Unthank Road, Norwich, NR4 7QH

www.norfolkbowlingclub.com

info@norfolkbowlingclub.com

Norfolk Bowling Club relies on the Legitimate Interest basis to use the personal information you supply in order to provide you with the Benefits of Membership.

If you would like to find out more about how we keep your details safe and how the information you give us is used, then please read our Privacy Notice which is available at: the Club, 444a Unthank Road, Norwich, NR4 7QH, or also on our Website, as above.

Section 1:

I hereby apply for Membership of the Norfolk Bowling Club as a -

*Playing Member – Annual Subscription £63.00 + Membership fee £10

*Non-Playing Member – Annual Subscription £24 + Membership fee £10

Member in full time education- £5.00

Personal Details

Full Name: +Mr, Mrs, Miss, Ms, Dr etc

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Address:

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Postcode:

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

Signature:

Date:

Emergency Contact Details:

Contact name:

Contact Number:

Section 2:

The information requested in this section will greatly assist the Club and National Bowling Associations by ensuring that it can demonstrate its continued commitment to inclusion and equality. This information you supply in this section will also ensure that Club's management can provide you with any necessary support you may require to be able to fully enjoy your bowling experience

Ethnicity:

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin:

A White

British	
Irish	
Any other white background (please specify):	

B Mixed

White & Black Caribbean	
White & Black Asian	
White & Black African	
Any other mixed background (please specify):	

C Asian or Asian British Pakistani

Indian	
Pakistani	
Bangladeshi	
Any other Asian background (please specify):	

D Black or Black British

Caribbean	
African	
Any other Black background (please specify):	

Disability:

In order for the Club management to know how you can best be supported in order to ensure you enjoy playing bowls at our club please can you indicate if you have any long-standing illness or disability that affects you in any of the following ways (Please tick box(s) as appropriate):

No long-standing illness or disability	
Vision (<i>due to blindness or partial sight</i>)	
Mobility (<i>difficulty walking short distances, climbing stairs, lifting & carrying objects</i>)	
Hearing (<i>due to deafness or partial hearing</i>)	
Learning or concentrating or remembering	
Mental Health	
Stamina or breathing difficulty	
Social or behavioural issues (<i>due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome</i>)	
Difficulty speaking or making yourself understood	
Dexterity difficulties (<i>lifting, grasping or holding objects</i>)	
Long-term pain or discomfort (<i>that is always present or reoccurs from time to time</i>)	
Other (please specify):	