



Holsworthy Bowls Club Membership Application Form

Name:	
Address (with Postcode):	
Email:	
Home Telephone:	
Mobile:	
Date of Birth:	

Sport England provide a detailed analysis of why it is important and good practice for clubs and NGB's to ask members for further personal information here: <https://www.sportengland.org/know-your-audience>

Gender (Highlight your selection):				
Female		Male		Prefer not to say
Ethnicity (Highlight your selection):				
White British	White Other	Mixed	Asian/ Asian British	Black/ Black British
Prefer not to say			Other:	
Disability (Highlight your selection):				
Yes		No		Prefer not to say
<i>If yes please specify:</i>				
Visual impairment	Hearing impairment	Physical impairment	Learning difficulty	
Prefer not to say			Other:	
Please provide us with any further information required:				

By signing this application form you will be agreeing to the Club's Privacy Policy and your personal data maybe used under the guidelines of that Policy. You may opt out of this Policy only by written instructions to the Secretary.

Name:		Date:	
Signed:			

Emergency Contact Information

Name:		Relationship:	
Home Telephone:		Mobile:	

(To be used by the club in case of an emergency)

As a member of Holsworthy BC you are also an affiliated member of Bowls Devon and Bowls England. Your details may be shared with these partner organisations where it is deemed relevant/necessary. Your details will not be passed to any third-party organisation without your permission, in accordance with the Data Protection Act 2018 (GDPR) and Bowls England's Privacy Policy. Our club Privacy Policy can be found on the Documents page of the club website and can be requested from the Secretary.

A copy of the Bowls England Privacy Policy can be found here:

<https://www.bowlsengland.com/policies-rules-and-regulations/>

By becoming a member of Holsworthy B.C. I agree to abide by the club and National Governing Bodies Code of Conduct.

If the member is under 18 years old, please complete the Parent/Legal Guardian contact information.

Name:		Relationship to Member:	
Contact Number:		Email:	

Proposer		Signature	
Seconder		Signature	