



**KINGTON BOWLING CLUB**  
 Park Green, Kington, HR5 3AP  
 Secretary: Sian Derrick, Old School House,  
 Gladestry, Kington, HR5 3NR.  
 Tel:01544 370700  
 e-mail: kennethandsian1@btinternet.com  
 Website: www.kingtonbowlingclub.co.uk

## Application for Membership

### 1) Personal Details:

Name										
Address										
Postcode										
Tel Number										
Mobile										
Email										
Age	Under 18	<input type="checkbox"/>	19-39	<input type="checkbox"/>	40-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65 and over	<input type="checkbox"/>
Gender	Male			<input type="checkbox"/>	Female			<input type="checkbox"/>		

### 2) Membership Details:

Type of Membership required	Adult		<input type="checkbox"/>	Junior		<input type="checkbox"/>	Social		<input type="checkbox"/>
New bowler?	Adult		<input type="checkbox"/>	Junior		<input type="checkbox"/>			
Where did you hear about us?	Friend		<input type="checkbox"/>	Internet		<input type="checkbox"/>	Leaflet		<input type="checkbox"/>
	Other: Please specify								

### 3) Experience:

Do you play indoor?	Yes	<input type="checkbox"/>	Club name	<input type="text"/>	No	<input type="checkbox"/>
Do you play outdoor?	Yes	<input type="checkbox"/>	Club name	<input type="text"/>	No	<input type="checkbox"/>
How long have you played the sport of bowls?	_____ Years					

The following information is collected to ensure that the club can demonstrate its continued commitment to inclusion and equality.

4) Disability:

Please can you indicate if you have any long-standing illness or disability that affects you in any of the following ways. Please also include any things which might be attributed to old age:

(Please tick all that apply)

None of these apply to me	
Vision (for example, due to blindness or partial sight)	
Hearing (for example, due to deafness or partial hearing)	
Mobility (for example, difficulty walking short distances, climbing stairs, lifting or carrying objects)	
Learning, Concentrating, Remembering	
Mental Health	
Stamina or Breathing difficulty	
Social or Behavioural issues (for example, Autism, Attention Deficit or Asperger's Syndrome)	
Difficulty speaking or making yourself understood	
Dexterity difficulties (for example: difficulty lifting, grasping or holding objects)	
Long-term pain or discomfort that is always present or reoccurs from time to time	

5) Ethnicity: (Please tick one of the following boxes to identify your ethnic group/origin.)

<b>White</b>	
British	
Irish	
Other white background	
(Please specify):	

<b>Asian or Asian British Pakistani</b>	
British	
Irish	
Other white background	
(Please specify):	

<b>Mixed</b>	
White & Black Caribbean	
White & Asian	
White & Black African	
Other mixed background	
(Please specify):	

<b>Black or British Black</b>	
Caribbean	
African	
Other black background	
(Please specify):	

<b>Chinese or other ethnic group</b>	
Chinese	
Any other	
(Please specify):	

<b>For Kington Bowling Club Use Only</b>	
Date of Birth	
Emergency Contact Details: Name	
Relationship	
Telephone Number	
Address	

*Data Protection Act – Kington Bowling Club will use your personal data for the sole purpose of your involvement in the game of bowls. I understand that by submitting this form I am consenting to receiving information about Kington Bowling Club events and information by post, email, SMS/MMS, online or phone unless stated otherwise.*

*I wish to become a member of Kington Bowling Club and agree to abide by the Rules and Regulations.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposer:** \_\_\_\_\_ **Seconder:** \_\_\_\_\_

Thank you for considering Kington Bowling Club, please complete and forward this application form to the above address.

Annual Membership Fees are currently:

Full Member	:	£77.50
First Season Member	:	£45
Students at School	:	£10
Social Member	:	£15

If you are joining mid-way through a season there may be an entitlement to a reduction in the current year's subscription, subject to Committee approval.

Thank you

Sian Derrick  
Secretary