

Ainsdale Bowling Club

772a Liverpool Road, Ainsdale, PR8 3QF

MEMBERSHIP APPLICATION FORM

FULL NAME (Please Print)	
ADDRESS	
POST CODE	DATE OF BIRTH
PHONE No	MOBILE No.
E MAIL ADDRESS	
CONTACT Nos. IN CASE OF EM	ERGENCY (<i>ICE</i>)
Contact 1. Name	Tel. No
Contact 2. Name	Tel. No
B.C.G.B.A. NUMBER (if already	registered)
	CE
ANY MEDICAL INFORMATION	HE CLUB SHOULD BE AWARE OF
On completion of this Applicathe Secretary enclosing two s	tion Form please sign and date the declaration below and return -to eparate cheques made out as follows: AINSDALE BOWLING CLUB (Annual Subscription for 2023)
2) * For £12 made out to	LANCASHIRE COUNTY CROWN GREEN BOWLING ASSOCIATION
• • •	re this if you are already registered)
	nust be registered with the BCGBA for insurance purposes.
•	be completed and signed if also applying for BCGBA registration.
Data Protection Regulations	ion given on this form will only be used in connection with my
	ion given on this form will only be used in connection with my ub and its affiliated Bowling section and will never be communicated
to any third party without my	-
SIGNATURE	DATE