

HESKETH ARMS PRIVATE BOWLING CLUB

I wish to apply for membership of the above Club :-

NAME _____

ADDRESS _____

Post Code _____

Date of Birth _____

BCGBA Requirement.

TELEPHONE DAY : _____

MOBILE : _____

E-MAIL ADDRESS:- _____

BCGBA Registration Number if known _____

BOWLING EXPERIENCE

Please outline briefly any previous bowling experience

CLUB ACTIVITIES

Please indicate below the type of Club activities you would be interested in participating in (please tick box)

League bowling ____ **Club competitions** ____ **Social bowling** ____

APPLICANT'S SIGNATURE _____

DATE _____

PROPOSED BY _____

SECONDED BY _____

APPROVED BY (Club Officer) _____

DATE _____

GDPR:

HABC is committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection