

APPLICATION FOR NEW MEMBERSHIP.

ALL SECTIONS MUST BE COMPLETED

[FALAISE INDOOR BOWLS CLUB] relies on the Legitimate Interest basis to use the personal information you supply to provide you with the Benefits of Membership. The Benefits of Membership can be found on [www.thefalaiseibc.co.uk].

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: [www.thefalaiseibc.co.uk].

Section 1:

I hereby apply for Membership of [FALAISE INDOOR BOWLS CLUB]

Personal Details

Full Name:

Address:

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Town:Postcode:

Telephone Number: Mobile Number:

Email Address:

Date of Birth:

Signature:

Date:

Emergency Contact Details:

Contact name:

Contact Number:

NEW MEMBERS ONLY

Proposed by:...Name:.....Signature:.....

Seconded by:...Name:.....Signature:.....

The information requested in this section will greatly assist the Club 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:

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 <i>(please specify):</i>	

B Mixed

White & Black Caribbean	
White & Black Asian	
White & Black African	
Any other mixed background <i>(please specify):</i>	

C Asian or Asian British Pakistani

Indian	
Pakistani	
Bangladeshi	
Any other Asian background <i>(please specify):</i>	

D Black or Black British

Caribbean	
African	
Any other Black background <i>(please specify):</i>	

Disability:

For the Club management to know how you can best be supported 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 Asperger's' 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 <i>(please specify):</i>	

Further to receiving the Benefits of Membership, would you like to receive marketing information from Club Sponsors/Supporters which may be of interest to you?

Notice of consent to marketing:

By ticking the boxes below, I indicate that I consent to receiving the following forms of marketing material from [**Falaise Indoor Bowls Association**]:

1. I would like to receive [details of any marketing material not included as part of the membership package]:

By email **Yes []** **No []**

Email address

By post **Yes []** **No []**

Address]

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2. I would like to receive [details of any marketing material not included as part of the membership package]:

By email **Yes []** **No []**

Email address

By post **Yes []** **No []**

Address.....

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