SEVIZES &C

DEVIZES BOWLS CLUB Long Street Devizes Wilts SN10 1NW

APPLICATION FOR MEMBERSHIP 2023

| 1011 CENTER 2017 | | * | All Fields m | ust be comple | ted | | |
|--|---------------|--------------|--------------|----------------|---------------|---------------|----------|
| I DECLARE THAT I WISH | I TO BECOME | | | • | | DEVIZES BOV | WLS CLUB |
| AND, IF ACCEPTED, I W | | | | | | | |
| THE RELEVANT SUBSCR | RIPTIONS AS N | OTIFIED TO N | 1E. (*delete | as appropriate |) | | |
| SURNAME | | | FOR | ENAME | | | |
| EM | IAIL + POST | AL ADDRES | S | (PLEASE | PRINT CLEAR | LY) | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| LANDLINE | | MOBILE | | | | | |
| Membership Type | Male | | | Non Playing | | | |
| tick/circle required | Widic | remaie | £15 | £155 | | £35 | • |
| • | ASE * LAGI | REE TO THE | | | RSONAL DATA | | IE. |
| BLOCK LETTERS PLEASE. * I AGREE TO THE CLUB STORING MY PERSONAL DATA AS PER THE CLUBS PRIVACY POLICY. (The information stored will be used to contact you on club matters. | | | | | | | |
| Your name and contact number will be registered with Bowls Wiltshire but will NOT be given to | | | | | | | |
| outside organisation | | | _ | | | _ | |
| entered). Signed: | піз, ексері і | ii respect o | i County C | i National Co | inpetition yo | u illay ilave | - |
| entered). Signed. | | | | | T | | |
| AGE | Date of Birth | | | | | | |
| EMERGENCY | NAME | | | | CONTA | CT NUMBE | ER |
| CONTACT | | | | | | | |
| (optional) | | | | | | | |
| | | | | | | | |
| PLEASE NOTE: THE CLUB IS A SELF-HELP CLUB AND MEMBERS ARE EXPECTED TO BE | | | | | | | |
| INVOLVED IN TASKS IN AND AROUND THE CLUBHOUSE AND GROUNDS AS REQUIRED | | | | | | | |
| Please tick below to say how you can help | | | | | | | |
| T lease tick below to say flow you call fleip | | | | | | | |
| ODEENS | DDESAUCE | <u> </u> | 0.4.7 | EDING | | D.4.D. | |
| GREENS | PREMISE | 5 | САТ | ERING | | BAR | |
| OTHER (please print here) | | | | | | | |
| HAVE YOU BOWLED BEFORE IF YES - NAME AND ADDRESS OF PREVIOUS CLUB | | | | | | | |
| YES/NO | | | | | | | |
| (delete as appro | priate) | | | | | | |
| | | | REGISTR | | | | |
| Please return the | completed for | orm address | sed to: - | | MEMBERSHIP | | • |
| | | | | | BOWLS CLUB | • | |
| | | | | DEVI | ZES WILTSHIR | E SN10 1NV | N |
| | DO NO | T INCLUDE | ΑΝΥ ΡΑΥ | MENT AT THI | S STAGE | | |
| | 20.10 | | | = | | | |
| For Official use only | | | | | | | |
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