

TRURO CITY BOWLING CLUB

(Application for Full/Social Membership)

Title: _____ Initials: _____ Surname: _____ Known Name: _____ D.O.B. _____

Telephone: STD _____ Number: _____ Membership Type: Full / Social (please delete)

Address: _____

Previous _____
Bowling _____
Experience _____

Post Code: _____

Person to Contact in Emergency Name : _____ Tel. No. _____

I agree to abide by the Rules and Regulations approved by the Committee and Members at all times. I also give my consent for my personal details (Name, address, date of birth, telephone number and emergency contact details) to be stored and used in the ways referred to in the Data Protection Regulation Notice which is displayed on the General section of the notice board.

Signed: _____ Proposer: _____ Seconder: _____

Date: _____ Date: _____ Date: _____

Approved: _____ (Chairman) Date: _____

Approved: _____ (Secretary) Date: _____