



**BRIXHAM BOWLING CLUB**  
**APPLICATION FOR MEMBERSHIP**

I wish to become Member of the Brixham Bowling Club. If elected I agree to abide by the Rules of the Club. I agree to the information below being held and used by the club while I am a member, subject to the General Data Protection Regulations.

MEMBERSHIP TYPE     FULL     ASSOCIATE     JUNIOR

NAME: .....  
(Block capital letters please)

Mr./Mrs./Miss  
(Delete as appropriate)

ADDRESS: .....  
.....  
.....

DATE OF BIRTH (if under 18) .....

POST CODE: .....

E-MAIL: .....

TEL. NO: .....

REGISTERED DISABLED Y/N?

MOBILE: .....

BOWLING EXPERIENCE (delete as appropriate)

PREVIOUS CLUB: .....

**NONE / 1-2 YEARS / OVER 2 YEARS**

SIGNATURE: .....

DATE: .....

RETURN TO: David Steele, The Honorary Secretary, Brixham Bowling Club, Golf House, Bridge Road, Kingswear TQ6 0DZ  
Tel: 07770 883993 e-mail [brixhambowlingclub@gmail.com](mailto:brixhambowlingclub@gmail.com)

V6 11-03-2025

**PLEASE COMPLETE THE REVERSE**



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V7 30-03-2025

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**SAFEGUARDING**

**DO YOU HAVE ANY UNSPENT CONVICTIONS, TERMS OR CAUTIONS?**

We request this information for Bowls England to conduct a risk assessment.

YES                       NO                                       SEPARATE SHEET

**DETAILS**

**IDENTIFICATION VERIFICATION – To be completed by Club Official**

**TYPE OF ID SEEN** Drivers Licence / Passport / Birth Certificate / Utility Bill / Bank Statement

Name on this application form has been verified by Club Official                       YES                       NO

Club Official Name .....

Club Official Position .....

Date Verified ...../...../.....

Club Official Signature .....

**MEDICAL INFORMATION**

I wish for key contacts at the Club to be aware of information relating to my health or medication, as detailed below:

N/A

**EMERGENCY CONTACT DETAILS**

**NAME** ..... **RELATIONSHIP** .....

**TELEPHONE:** ..... **EMAIL:** .....

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