



Nairn Bowling Club Membership Application Form

PERSONAL DETAILS

If applying on behalf of a junior member (Under 18yrs) please provide parent (or guardian) details below and insert details of junior members(s) in the grid. The parent (or guardian) details will be included in all communications.

Forename(s): _____ Surname: _____

Date of Birth: _____ Male/Female (delete as appropriate)

Address: _____ Home Tel: _____

_____ Mobile Tel: _____

_____ Relationship to Junior(s): _____

Post Code: _____ Email Address: _____

Junior Member Details:

First and Last Name	D.O.B	Sex	Mobile Tel	Email Address
	__/__/__	M/F		
	__/__/__	M/F		
	__/__/__	M/F		
	__/__/__	M/F		

CONFIDENTIAL MEDICAL INFORMATION

Does the applicant suffer from any of the following? (delete as applicable)

Asthma YES/NO Diabetes YES/NO Epilepsy YES/NO Ear/Eye problems YES/NO (please specify)

Learning or physical disabilities YES/NO Injuries YES/NO Other YES/NO (please specify)

Do you or your child(ren) take any medication? YES/NO (if yes please specify) _____

Please ensure that any medication required (eg inhaler EpiPen, etc) is in the possession of the member in case of emergency. Medication may only be administered by the player.

I consent to these details being passed to the club coaches and any appropriate club staff: YES/NO

EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Postcode: _____ Telephone (H): _____

Telephone (M): _____ Telephone (W): _____

FURTHER INFORMATION

Do you have a coaching qualification? YES/NO

If Yes, please provide details (Course attended, Completion Date): _____

Do you have an officiating qualification? YES/NO

If Yes, please provide details (Course attended, Completion Date): _____

Would you be prepared to become a volunteer helper at our club? YES/NO

If yes, our head coach/member of the committee will contact you.

Have you previously been a member of a bowling club: YES/NO (please specify) _____

I know of no reason why I am not entitled to play for Nairn Bowling Club

DISCLAIMER

Details may be shared with Bowls Scotland for membership purposes only and will not be shared with other organisations

I give permission for Nairn Bowling Club to contact me from time to time to give with information and activities that may be of interest to me: YES/NO

COMPETITIONS: It is each member's responsibility to ensure that other members with whom they wish to compete have a note of their contact details.

MEMBERSHIP FEES

Member category:	Fee:	Please tick:
Full	£58.00	
Under 18	£10.00	
Non-Playing	£10.00	
Total	£	

All membership application forms are processed in accordance with the club procedures and as required by our constitution.

By returning this completed form, I agree to abide by the Club's codes of conduct (copy available on request)

Signed: _____ Date: _____

For members under 18yrs:

Parent or Guardian Name (block capitals): _____

Signature: _____ Date: _____

For official use only

Date Application Received: ___/___/___ Date Payable: ___/___/___

Total membership fee paid: _____ Method of payment: CASH/CHEQUE/BANK TRANSFER

Authorised by (block capitals): _____ PRESIDENT/TREASURER/SECRETARY

Signature: _____ Date: ___/___/___