



Biddenden Bowls Club

Membership Application Form 2024



Name:	
Address (with Postcode):	
Email:	
Home Telephone:	
Mobile:	
Date of Birth:	

Emergency Contact Information

Name:		Relationship:	
Home Telephone:		Mobile:	

(To be used by the club in case of an emergency)

Type of Membership	Subscription	Tick/Cross
Senior Full Member	£95.00	
Senior Full Member – New Bowler	£47.50	
Social Member	£5.00	
Life Member	-	

As a playing member of Biddenden Bowls Club you are also an affiliated member of Kent County Bowls Association and Bowls England. Your details may be shared with these partner organisations where it is deemed relevant/necessary. Your details will not be passed to any third party organisation without your permission, in accordance with the Data Protection Act 2018 (GDPR) and Bowls England's Privacy Policy.

Our club's privacy notice explains how the personal information we collect before, during and after your membership may be used. This privacy notice applies to you when you register to become a member of our club. The policy can be found on the notice board in the clubhouse and on the club's website.

By becoming a member of Biddenden Bowls Club I agree to abide by the club and National Governing Bodies Code of Conduct and policies including the Safeguarding policies.

Name:		Date:	
Signed:			



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To help us to improve “**Accessibility and Inclusion**” at Biddenden Bowls Club we invite you to complete the questionnaire below. We stress that this personal data will be securely stored and will only be used for the purpose stated above. Collated results from the completed questionnaires may be used to complete returns or provide feedback to relevant bowls organisations and/or to support funding applications.

Completion of this questionnaire/provision of the information is entirely voluntary.

Gender (Highlight your selection):	Female	Male	Prefer not to say
Ethnicity (Highlight your selection):	White British	White Other	Mixed
	Asian/ Asian British	Black/ Black British	Other
			Prefer not to say

Health / medical Conditions or impairments - Are any of the health issues below relevant to you?

0	No long standing illness or impairment	
1	Visual (e.g. blindness or partial sight)	
2	Mobility Issues (e.g. difficulty walking short distances, climbing stairs, lifting and carrying objects)	
3	Hearing (e.g. deafness or partial hearing)	
4	Difficulty learning, concentrating or remembering	
5	Mental health problems/issues	
6	Stamina or breathing difficulty	
7	Social or behavioural issues (e.g. Autism, Attention Deficit or Asperger's Syndrome)	
8	Difficulty speaking or making yourself understood	
9	Dexterity problems (e.g. difficulty lifting, grasping or holding objects)	
10	Long-term pain or discomfort that is always present or reoccurs from time to time	
11	Balance issues (e.g. when bending, walking, with steps)	
12	Other long-standing illness or impairment	
13	Prefer not to say	