

## APPLICATION FOR RENEWAL or NEW ASSOCIATE MEMBERSHIP

SURNAME:	MEMBER NO:			
FORENAME:	DOB:			
ADDRESS:				
POST CODE:	TEL/MOBILE:			
EMAIL:				
<ul> <li>Associate membership is only available to:</li> <li>(A) family and friends of existing bowlers who have a keen and sustained interest in the bowling activity at the club.</li> <li>(B) Members and their close family, who have retired from bowling activity.</li> </ul>				
MEMBERSHIP FEES	RENEWAL/NEW delete as appropriate	£ TOTAL		
ASSOCIATE		15.00		
200 CLUB (OPTIONAL) £12				
	TOTAL			
For category (A) above a new application must be supported by two full members of Bristol Indoor Bowls Club before going to the Board for approval. By signing, proposers confirm the applicant complies with the condition of keen and sustained interest in bowling activities at the club.				
1. NAME:	SIGNATURE: DATE:			
2. NAME:	SIGNATURE: DATE:			
BIBC Board Approval at meeting date	ed:			
DIRECTOR:	SIGNATURE: DATE:			
GENERAL DATA PROTECTION REGULA				
The Club will retain your details on a s	secure electronic database. Use of this data will be limited in copy of which is available from the Club Manager.	accordance		
SIGNED BY MEMBER	DATE			

Account Name: City & County of Bristol IBC Ltd

For Bank transfer: Sort code: 60 17 12 Account No: 29856728

Cash Cheque

Card

Bank transfer

Please circle

Please use your Name and Member number as reference

For cash payments only. Please keep your receipt as proof of payment			
Cash received: £	From:		
Signed:	Date:		