**Oystermouth Bowls Club Membership Application Form**

**Sponsored by Victoria Inn Mumbles**

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

To help with orders for club shirts and jackets please complete the following:

|  |  |
| --- | --- |
| Club shirt size (small/medium/etc) |  |
| Club jacket size (small/medium/etc) |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship: |  |
| Home Telephone: |  | Mobile: |  |

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

As a member of Oystermouth Bowls Club, you are also an affiliated member of Swansea Bowls Association and other relevant organisations. 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).

By becoming a member of Oystermouth Bowls Club, I agree to abide by the club policies.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**If the member is under 18 years old, please complete the Parent/Legal Guardian contact information.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to Member: |  |
| Contact Number: |  | Email: |  |

The completion of the following information is optional. The purpose of the information is to better understand the need of members. This information may be used in aggregate when grant applications are submitted. No personal or individual information will ever be disclosed to a third party.

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| **Gender (Highlight your selection):**  Female Male Non-binary Prefer not to say |
| **Ethnicity (Highlight your selection):**  White British White Other Mixed Asian/ Asian British Black/ Black British  Prefer not to say Other: |
| **Disability (Highlight your selection):**  Yes No Prefer not to say  ***If yes please specify:***  Visual impairment Hearing impairment Physical impairment Learning difficulty  Prefer not to say Other:  Please provide us with any further information required: |