



# Arbroath Bowling Club

Dishlandtown Street, Arbroath DD11 1QU  
Telephone: 01241 876430



## APPLICATION FOR MEMBERSHIP

Complete the details below AND appropriate details on the reverse of this form then forward your application to the SECRETARY at the above address. The information supplied is confidential and to be used only for the purpose of club matters.

Applicant's Name: .....

Address: .....  
.....

Postcode: .....

Telephone Number: .....

Email Address: .....

Applicant's Signature ..... Date.....

### Membership Type

Full  Non-Playing  Social  Junior

.....  
A COPY OF THE CLUB CHILD PROTECTION POLICY CAN BE VIEWED ON REQUEST  
.....

**PERSONAL DETAILS**

Date of Birth: ..... Gender..... Male / Female (please circle)

Do you consider yourself to have a disability? ..... Yes / No

If Yes, what is the nature of your disability? .....  
.....

**MEDICAL INFORMATION**

Please detail below any important medical information that the club should be aware of (eg epilepsy, asthma, diabetes etc).

.....  
.....

**MEDICAL DETAILS OPT OUT**

By signing the medical details opt out section I prefer not to provide any medical details to the club. I understand this relinquishes the club of any responsibilities for my well-being in the event of me becoming unwell due to a medical condition which I do not wish to share at this time.

Signed ..... Date .....

**EMERGENCY CONTACT DETAILS**

Please provide details of who we can contact in the event of an emergency at the club.

Name: ..... Relationship .....

Address: .....

Postcode: .....

Telephone Number: .....

PLEASE NOTE THAT IF ANY OF THE INFORMATION PROVIDED CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLUB.