

MEMBERSHIP APPLICATION FORM

First Name: Surname

Type of Membership? Adult Full / Junior / Social / First Year Please Indicate

Applicant:

Address	
Town	Post Code
Tel No En	mail Address
Applicant's Signature	Date
Subject to your agreement, Names and Telephor bers arrange matches/ties. Please indicate your	ne contact details will be published on the club notice board to help memracceptance Yes No
O1	fficial use only
Fee Paid £) Sig of Secretary & or President
GDPR—Genera	l Data Protection Regulation
What is GDPR? It protects the rig	thts and privacy of individuals when it comes to their personal data
For the Club to operate effecticate with you and to do this w	ively and efficiently, we will need to communive need your permission.
	am hereby consenting that Tweedmouth Bowling al data for the purposes of membership management.
	I may withdraw my consent at any time by contacting hbc@gmail.com or by letter to the secretary.
	Date: