

**WEST MERSEA BOWLS CLUB**  
**Colchester Road, West Mersea, Colchester CO5 8JZ**  
**Tel : 01206 382580**  
**e-mail : [wmbowlsclub@btinternet.com](mailto:wmbowlsclub@btinternet.com)**  
**[www.westmerseabowls.club](http://www.westmerseabowls.club)**



**Application for Membership**

Please indicate which type(s) of membership you are requesting\*:

<b>Winter Indoor Only</b> (October – April)	£80	<input type="checkbox"/>
<b>Summer Outdoor Only</b> (May – September)	£80	<input type="checkbox"/>
<b>Winter Indoor and Summer Outdoor</b> (October – September)	£160	<input type="checkbox"/>
<b>Winter Indoor and Summer Indoor</b> (October – September)	£140	<input type="checkbox"/>
<b>Summer Indoor Only</b> (May – September)	£60	<input type="checkbox"/>
(Must also be either Winter Indoor or Social Member)		
<b>Junior Member</b> (October – September)	£10	<input type="checkbox"/>
<b>Social Member</b> (October – September)	£20	<input type="checkbox"/>

Name\* .....

Address\* .....

Postcode\* .....

Telephone number\* (Mobile or Home) .....

Email address .....

(Most internal club communications are via email)

Date of Birth\* .....

West Mersea Bowls Club must register all playing members with the National, County and local Bowling Associations. Our privacy policy is on display in the clubhouse.

We also share contact phone numbers with members to help everyone to actively participate in the sport and other related events. Please let us know if you object to this.

We like to keep you fully informed on what is happening at the club. Please check all ways you are happy for us to contact you\*:

Email ☐

Phone ☐

Post ☐

We regularly take photos to record events and promote the club and the sport. Please check you are happy for us to do this\* ☐

Please indicate how you have paid (details below) Sorry, no cash please\*:

Bank Transfer ☐ Cheque ☐

Please also complete your profile information overleaf\*

We will need to see photo ID and evidence of address please

I agree to abide by the rules and regulations of West Mersea Bowls Club as described in the Constitution, available to view on our website and in the club.

Signed\*: .....

Date\*: .....

\*Compulsory information

You can email or send your application to the address above

BACS: "West Mersea Bowls Club"  
Sort Code 20-22-67 A/c 00018937  
Ref: Your name e.g. "Jo Bloggs"  
Cheque: "West Mersea Bowls Club" (no Ltd please)

Office Use Only		
Fee Recd		
H/B issued		
D/B update		

(Rev'd. Mar 2024)

We are asked by the governing bodies for Bowls, and Sport England, to provide membership profile information. This is only ever provided in aggregate form, but we do need:

Ethnicity\*:

White:	Mixed:	Asian or Asian Black:	Black or Black British:	Chinese or Other Ethnic Groups:
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
Prefer not to say <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		

Do you consider you have a Disability?\*: (Please tick any/all that apply)

0. No long-standing illness or disability	<input type="checkbox"/>
1. Vision (due to blindness or partial sight)	<input type="checkbox"/>
2. Mobility (difficulty walking short distances, climbing stairs, lifting or carrying objects)	<input type="checkbox"/>
3. Hearing (due to deafness or partial hearing)	<input type="checkbox"/>
4. Learning or concentrating or remembering	<input type="checkbox"/>
5. Mental Health	<input type="checkbox"/>
6. Stamina or breathing difficulty	<input type="checkbox"/>
7. Social or behavioral issues (due to neuro diverse conditions such as Autism, Attention Deficit or Asperges Syndrome)	<input type="checkbox"/>
8. Difficulty speaking or making yourself understood	<input type="checkbox"/>
9. Dexterity difficulties (lifting, grasping or holding objects)	<input type="checkbox"/>
10. Long-term pain or discomfort (that is always present or reoccurs from time to time)	<input type="checkbox"/>
11. Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>