

WEST MERSEA BOWLS CLUB
Colchester Road,
West Mersea, Colchester CO5 8JZ
Tel : 01206 382580
e-mail : wmbowlsclub@btinternet.com



Renewal of Membership 2025/6

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

Winter Indoor Only (October – April)

£80 ☐

Social membership (full year)

£20 ☐

Name*

Address*

.....

Postcode*

Telephone number (preferred – landline or mobile) *

Email address

Please complete the above as fully as possible. We are obliged to ensure that all our membership details are accurate and up to date. Our Privacy policy is on display in the clubhouse.

We must register all playing members with the National, County and local bowling associations.

Payment options (please tick): *

☐ Bank transfer to “West Mersea Bowls Club” Sort code 20-22-67 Account no. 00018937

Reference: “Subs” and your name e.g. “Jo Bloggs”

☐ Cheque payable to “West Mersea Bowls Club”

No cash please. It's much harder for both us and you to track any payments.

You can return your form by:

- Emailing to the address above
- Post
- By hand to the Club office

Please also complete your profile information overleaf*

Signed:*

Date:

Office use only

Action	Date	Initials
Fee Rec'd		
Handbook issued		
Database updated		

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:

Only needed if it has changed since last time!

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 (including memory) | <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"/> |