

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



Renewal of Membership 2023/24

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

- Winter Indoor Only (October – April)** £80
Junior membership (full year) £10
Social membership (full year) £20

Name*

Address*

Postcode*

Telephone number (preferred – landline or mobile) *

Email address

Date of birth*

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:

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"/> | |
| | Other <input type="checkbox"/> | Other <input type="checkbox"/> | | |

Prefer not to say

Do you consider you have a Disability?*

(Please tick any/all that apply)

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