

Renewal of Summer Membership 2025

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

Summer Outdoor Only (May – September) Summer Indoor (May – September)				
Name*				
Address*				
Postcode*				
Telephone number (preferred – landline or mobile) *				
Email addres	S			

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) Sorry, no cash: *

Reference: Your name e.g. "Jo Bloggs"

□ Cheque payable to "West Mersea Bowls Club"

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 if it changed since you last advised us.

Signed:*

Date: *

Office use only

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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:

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	