

KIRKLISTON BOWLING CLUB

Application for Membership

To the Committee,

I, the undersigned, wish to apply for membership for the above named. If accepted, I agree to abide by the Club Constitution and to conduct myself in a respectable manner.

MEMBERSHIP TYPE (Please Circle)

Full, Senior Bowler, Associate, Senior Associate,
Junior, Full Members Spouse

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Occupation: _____

Email: _____

Proposed by: _____

Seconded by: _____

Data Protection:

The information you provide will be used solely for dealing with you as a member of Kirkliston Bowling Club. The club has a Data Privacy Policy which can be accessed via the secretary. Your data will be stored and used in accordance with this policy. The club may arrange for video or photos to be taken of activities and published on all our social media outlets and website for promotional purposes.

By agreeing to your images being used you agree to assign any copyright or any other right of ownership to Kirkliston Bowling Club

Print Name: _____

Signature: _____

Date: _____

OFFICIAL USE ONLY

Application Accepted/Refused: _____

Applicant informed on: _____

Any objections by current members to be lodged with the Committee within 14 days of application.