



Whiteknights Indoor Bowls Club Ltd

(Registered Office)

21-23 Beech Lane, Earley, Reading, RG6 5PT

Telephone: 0118 986 0759

clubmanager@whiteknightsibc.co.uk

MEMBERSHIP APPLICATION FORM

ITEMS MARKED WITH AN * ARE MANDATORY

SECTION 1

Personal details; - Please complete ALL SECTIONS in **BLOCK CAPITALS**.

If previously a Whiteknights Bowls Club member, please give your Membership No if known

TITLE * Mr Mrs Miss Other.....

FORENAME(S) *

SURNAME *

GENDER * M F OTHER (please state)

DATE OF BIRTH * /..... /.....

HOME ADDRESS * – HOUSE No or NAME

STREET

TOWN

POSTAL TOWN (e.g. Reading) **POST CODE**

TELEPHONE Nos; MOBILE * **HOME**

Email ADDRESS *

NEXT OF KIN * **TELEPHONE No** *

OR If different to above

CONTACT NAME * **TELEPHONE No** *

CURRENT OUTDOOR CLUB (if any)

Notes;

- By signing this Application I confirm that all the information provided by me is correct. I will advise my next of Kin and Contact name of the reasons for doing so as requested.
- All the information provided will be treated by the Company in the strictest confidence and in accordance with current data protection regulations.

Signature *

Date * /..... / 202.....

SECTION 2

The information requested in this section will greatly assist the Club by ensuring that it can demonstrate its continued commitment to inclusion and equality. It will also ensure that the Club’s management can provide you with any necessary support you may require to be able to fully enjoy your bowling experience.

Ethnicity; In order to help the Club monitor its membership please tick one of the following boxes to identify your ethnic group/origin;

British		White and Black Caribbean	
Irish		White and Black Asian	
Any Other White Background <i>(please specify)</i>		White and Black African	
		Any Other Mixed Background <i>(please specify)</i>	

Indian		Caribbean	
Pakistani		African	
Bangladeshi		Any Other Black Background <i>(please specify)</i>	
Any Other Asian Background <i>(please specify)</i>			

Disability;

Please indicate if you have any long-standing illness or disability that affects you in any of the following ways. Please tick boxes as appropriate –

NO long-standing illness or disability	
Vision (due to blindness or partial sight)	
Mobility (difficulty walking short distances, climbing stairs, lifting and carrying objects)	
Hearing (due to deafness or partial hearing)	
Learning or concentrating or remembering	
Mental Health	
Stamina or breathing difficulty	
Neuro diverse conditions such as ADHD, autism spectrum disorder or dyslexia	
Difficulty speaking or making yourself understood	
Dexterity difficulties (lifting, grasping or holding objects)	
Long-term pain or discomfort (that is always present or reoccurs from time to time)	
Other (please specify)	

SECTION 3

Marketing; this is an optional clause which will be used where marketing material is sent to members outside of the ordinary benefits of membership.

Further to receiving the Benefits of Membership would you like to receive marketing information from Club Sponsors/Supporters which may be of interest to you?

Notice, I Consent to receiving forms of marketing material from Whiteknights Indoor Bowls Club.

By Email only; YES () NO ()

Email address (if different to Page 1)

Title; COMPANY POLICY – APPLICATION FORM	Version; 3
Issue Date; July 2024	Review Date; Summer 2025 or earlier if required
Author; GOVERNANCE	No of Pages; 2 + summary below

Date of Change	Summary of change	Implemented by	New version no.
July 2024	Tidy up text ref Ethnicity & Disability + remove header/footer	M Jackman/M Beeching	2
July 2024	Add footer – date only	M Jackman/M Beeching	3