

Membership Application Form - Adult

Thank you for choosing to join Etherow Indoor Bowling Centre, we look forward to welcoming you and hope you enjoy your bowling this year. To activate your membership, please bring this completed form with the appropriate membership fee to the centre.

Your membership will cover the 2024/25 membership year which runs from 1st October 2024 to 30th September 2025.

MEMBER DETAILS					
First Name			Surname		
Address					
Postcode					
Telephone			Mobile Number		
Email Address					
EMERGENCY CONTACT DETAILS					
Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.					
Name					
Relationship			Contact Number		
COMMUNICATION PREFERENCES					
Etherow Indoor Bowling Centre take the protection of the data that we hold about you as a member seriously. Please read the full privacy notice carefully to see how we will treat the personal information that you provide to us which can be found at the Centre or on our website at: https://etherow-ibc.co.uk/index.php/privacy-policy/ .					
I would like to receive news and updates from the centre that may be relevant to me by:					
Email	Yes / No *	SMS/Text	Yes / No *	Post	Yes / No *
DISABILITY STATEMENT					
Disabled	I consider myself to have a disability / I do NOT consider myself to have a disability *				
(* Delete as appropriate)					
GIFT AID STATEMENT / SHOES POLICY (CHECK BOXES TO INDICATE AGREEMENT)					
<input type="checkbox"/>	I am a UK taxpayer and would like The Etherow Charitable Trust to reclaim the tax on my membership fees and any additional donations I have made in the last four years and for all future gifts of money that I make to be Gift Aid donations. I understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year then it is my responsibility to pay any difference.				
<input type="checkbox"/>	I understand that Etherow Indoor Bowling Centre intend to introduce a policy in early 2025 requiring all bowlers to wear bowling footwear made by recognised bowling shoes manufacturers when on the rinks. I understand I may not be allowed on the rinks after this time unless I am wearing suitable footwear.				
DECLARATION					
By completing this form, I confirm that I would like to apply for membership for the 2024/2025 membership year and I consent for my details to be stored and used by Etherow Indoor Bowling Centre for the purposes of administering membership, responding to emergencies and, if I have opted in, for keeping me up to date with relevant news and events. I also agree to abide by the centre rules for play which can be found on the Etherow IBC website and are displayed in the centre.					
Optional Additional Donation to Etherow Charitable Trust				£	
Signature					
Print Name				Date	
ADMIN USE ONLY					
Member Number					
Membership Type				Fee Paid	
Processed By				Date	