

Lincoln and District Indoor Bowling Club APPLICATION FOR MEMBERSHIP

The following personal data to be provided by you will be stored in our data system.

Data	
Title	
First Name(s)	
Surname	
Gender	
Date of Birth	
Address	
Phone Home	
Phone Mobile	
Email	
Locker(s) required	Qty at £5:00 per locker for a year or part year
Membership Type required	<input type="checkbox"/> Full - £50:00 <input type="checkbox"/> Junior - £1:00 <input type="checkbox"/> Social - £15:00 <input type="checkbox"/> * Complimentary (Free)
<p>1. Please tick in the appropriate box above, the membership type required.</p> <p>2. * Complimentary (Free) membership:</p> <p style="margin-left: 20px;">a) Only available by invitation.</p> <p style="margin-left: 20px;">b) Expires on 31st December of the joining year.</p> <p style="margin-left: 20px;">c) After which (1st January), if membership is to be renewed for the following calendar year, the appropriate fee as listed becomes due.</p>	
TOTAL DUE TO LIBC	£.....:.....

PLEASE NOW COMPLETE PAGE 2 - ALL PAGES OF THIS APPLICATION MUST BE COMPLETED BEFORE IT CAN BE PROCESSED.

Personal Data. The LIBC document “**LIBC General Data Protection Policy**” is displayed on the club noticeboard and on the club website. It contains details of:

1. What personal data we hold relating to you.
2. Why we need your personal data.
3. Who we share your personal data with.
4. How long we hold your personal data.
5. Your rights regarding your personal data.

Your data will be stored and used in accordance with this Policy.

I confirm that I accept and agree terms and conditions outlined in “**LIBC General Data Protection Policy**”

Medical Information (Optional) - I request that the club stores the medical information shown below to be passed to first-aiders and emergency services in the event of my illness within the club area. I understand that the nature of the requirement will mean that the information will be kept accessible behind the bar and so obviously cannot be treated as overly sensitive or private – others need to know!

Medical information

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I confirm that I request, accept and agree **Medical Information** terms and conditions above.

Parent/Guardian’s signature:

Member’s name: Date:.....

This information and agreement must be renewed annually.

FOR USE BY THE STAFF –	PAYMENT
Amount taken:	£.....:..... LOCKER No ISSUED
Taken and form checked by:	Staff signature:
	Staff name:
	Date:
FOR USE BY THE STAFF –	DATA RECORDED
Data recorded by:	Staff signature:
	Member Record No:
	Date: