MEMBERSHIP REGISTRATION FORM

NAME:	MEMBERSHIP: (Please circle one age category)		
ADDRESS:	Adult:	25-54	
CITY:	Adult Senior:	55+	DE FUCA
POSTAL CODE:	Young Adult:	17 - 24	
EMAIL:	Youth:	16 & Under	OTORIA C CARE
TELEPHONE #:	Membership Categories:		
BOWLS B.C. CARD #:	Regula	r Social (Non	-Bowler)
BC Privacy Act: I understand that the information obtained in this application will only be used for Club Business including forwarding name and address to BOWLS BC and BOWLS CANADA. I also understand that if I participate in a Club event, my name &/or picture may be entered on the Club's website. Emergency Contact: Signature: Name:			
Date:	Phone #:		
friendly, inclusive, and welcoming. I commit to doing my part to maintain my club's safe environment by following the club's code of conduct and respecting the policies of the club. Signature: Date:			
5.g. acc			
As you can appreciate our Clubs operations and success is dependent on our valuable Volunteers, if you would be interested in helping in any of the areas listed below, PLEASE CHECK THE APPROPRIATE BOXES and we will gladly pass your name on to the related coordinator. Experienced club members will offer mentorship and training for the various tasks/positions.			
□ Tea Day/Fun Days	□ Daily D	raws	
☐ Kitchen A Food Prep:	•	Events & Tourname	ents:
Events, Tournaments, Leagues, Ladders	_	reen Set Up/Take	
Baking		egistration/Recept	
☐ Kitchen B Refreshments:		Marking/Mainten	ance
Events, Tournaments, Leagues, LaddersRefreshment Tickets	_	grapher ng/Organizing Nam	ne tags/Club shirts
Flowers: Planters & Baskets	□ Websit		ie tago/ ciub siiii ts
☐ Club Fundraising: 50/50, Fairway Card, Bottle Return, Club Store ☐ Coaching, Umpire, Marker: There are certified courses available throughout the year, if you are interested in finding out more information on any of these please check this box.			