MEMBERSHIP REGISTRATION FORM

Name:		CAMP.
Address:	City:	Postal Code:
Telephone #:Email:		
Emergency Contact Name:		Phone#:
<i>Age Group:</i> □ 55+ □ 25-54 □ 18-24 □ 17 & Und	der	
Are you a certified coach: \square No \square Clu Are you a certified umpire: \square No \square Clu		erformance
Have you previously been a member of another Lawn Bowling Club: \square Yes \square No		
Number of years bowling:		
Membership Fees:		
☐ Regular: \$255☐ Associate: \$130☐ Social: \$20	lt 18-24: \$190 🔲 Y	outh 17 & Under: \$75/
VOLUNTEERING Juan de Fuca LBC operates solely on volunteers and their contribution is crucial to the ongoing success of the Club. We hope that all Members will help out in some form throughout the year as the needs arise. If you are interested in helping out, check boxes of interest		
☐ Kitchen - Social ☐ Fundraising	☐ Tournamen	ts \square Greens
☐ Kitchen - Baking ☐ Planters and	Baskets Other	
SAFE SPORT AND BELONGING IN BOWLS As a member of Juan de Fuca LBC, I pledge to be respectful, 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.		
B.C. PRIVACY ACT I understand that the information obtained in this application will only be used for Club Business including forwarding information as required by BOWLS BC and BOWLS CANADA. I also understand that if I participate in a Club event, my name and/or picture may be entered on the Club's website or Facebook Page.		
Signature:	Date	: