



# PWCGBA Membership Application Form

GET ACTIVE,  
HAVE FUN,  
PLAY BOWLS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Consent to Contact:      YES                  NO

All details will be stored securely and will not be shared with any third parties, unless legally required to do so.

What is Your Current/Previous Occupation? \_\_\_\_\_

Can You Spare Any Time to Volunteer With Us? \_\_\_\_\_

Membership Type: Playing / Non-Playing / Volunteer / Committee / Trustee

I hereby agree to be bound by the Academy Constitution and will always represent the Academy in good faith. I can confirm that I have read, and understood, the Academy 'Safeguarding and Child Protection Policy' and that I will always support the policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Approved: \_\_\_\_\_

Health and/or Medical Condition/s

Are any of the health issues below relevant to you?



Registered Office: 98 Alkincoats Road,  
Colne, Lancashire BB8 9QQ  
[pwcgba@gmail.com](mailto:pwcgba@gmail.com)  
Registered Charity Number: 1188582

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1.	<b>No long-standing illness or disability</b>	
2.	<b>Visual</b> (e.g., blindness or partial sight)	
3.	<b>Mobility issues</b> (e.g., difficulty walking short distances, climbing stairs, lifting & carrying objects)	
4.	<b>Hearing</b> (e.g., deafness or partial hearing)	
5.	<b>Difficulty learning, concentrating or remembering</b>	
6.	<b>Mental health problems</b>	
7.	<b>Stamina or breathing difficulty</b>	
8.	<b>Social or behavioural issues</b> (e.g., autism, attention deficit or Asperger's Syndrome)	
9.	<b>Difficulty speaking or making yourself understood</b>	
10.	<b>Dexterity difficulties</b> (for example difficulty lifting, grasping or holding objects)	
11.	<b>Long-term pain or discomfort that is always present or reoccurs from time to time</b>	
12.	<b>Other long-standing illness or disability</b>	
13.	<b>Prefer not to say</b>	

## Ethnicity

Please will you tick **one** of the following boxes to identify your ethnic group/origin

<b>White</b>		<b>Asian or Asian British Pakistani</b>	
British		Indian Bangladeshi	
Irish		Other Asian background (please specify):	
Other white background (please specify):			
<b>Mixed</b>		<b>Black or Black British</b>	
White & Black Caribbean		Caribbean	
White & Asian		African	
White & Black African		Other Black background (please specify):	
Other mixed background (please specify):			
		<b>Chinese or other ethnic group:</b>	
		Chinese	
		Any other (please specify):	



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