

MEMBERSHIP

Application Form

Proudly affiliated to Bowls Scotland and East Lothian Bowls.



Westbank Road, Macmerry, East Lothian, EH33 1PL

Full Name

Date Of Birth

 / /

Address

Phone Number

E-Mail

Emergency Contact

Full Name

Relationship

Phone Number

Macmerry Bowling Club will store and process your personal information solely for the purposes of club administration, communication, and competition management. Your data will be kept securely and will not be shared with third parties.

By signing this form, you consent to the club holding your information in accordance with GDPR.

MEMBERSHIP TYPE:
(Please Circle)

FULL
£70

SENIOR
£50

SOCIAL
£30

YOUTH
FREE

BANK DETAILS: Macmerry Bowling Club | Account No: 90255242 | Sort Code: 82-70-21

Your membership includes entry to all club competitions. Please tick which ones you'd like to enter.

| | | |
|--|---|--|
| <input type="checkbox"/> Ladies Championship | <input type="checkbox"/> Club Pairs | <input type="checkbox"/> 2 Bowl |
| <input type="checkbox"/> Gents Championship | <input type="checkbox"/> Mixed Pairs | <input type="checkbox"/> 3 Bowl |
| <input type="checkbox"/> Senior Championship | <input type="checkbox"/> Ladies Nominated Pairs | <input type="checkbox"/> Handicap |
| <input type="checkbox"/> Oliver Brown Memorial | <input type="checkbox"/> Gents Nominated Pairs | <input type="checkbox"/> Senior Handicap |

By becoming a member and signing this form, you agree to the following:

- For home league games, if selected, a £3 contribution is required for catering. This should be paid to the skip of your rink, who will pass it to the club caterer (or designated club official).
- For away league games, if selected, a £3 contribution is required to support drivers with fuel costs.
- To follow Macmerry Bowling Club's Rules, Constitution, and Code of Conduct, which are available on request from the Club Secretary.

Signature _____

Date _____

Proposer _____

Seconder _____

FOR OFFICIAL USE ONLY

Date Application Received: _____

Date Payable: _____

Membership Fee Paid: _____

Method of Payment: CASH / BANK TRANSFER

Authorised by: _____

PRESIDENT / VICE PRESIDENT / SECRETARY

Signature: _____

Date: _____