

Please complete the requested details below in block capital letters and sign where indicated.

Name:

Address:

.....

..... Postcode:

Telephone and/or Mobile:

Email Address:

Date of Birth: Gender:

Car Make and Colour: Registration:

Emergency Contact:

Medical Conditions (of which the club should be aware):

.....

Disability: Please see attached for Disability Profile (No personal details will be divulged)

.....

Ethnicity: Please see attached Ethnicity Breakdown (No personal details will be divulged)

.....

I consent to the personal data contained in this membership application and renewal document to be used in the administration of matters relating to the Cambridge Park Bowling and Sports Club Ltd. I understand that these details will be managed in accordance with the club's data protection policy and that the information will not be divulged to any third parties except as described in the policy. I further consent to receiving occasion emails and correspondence relating to Cambridge park Bowling and Sports Club Ltd and the various associations to which the club is affiliated.

Signed: **Date:**

Print Name, please: