



BOWDON CROQUET CLUB

APPLICATION FOR MEMBERSHIP

APPLICATION INFORMATION

Title:	Forename:	Surname:
Current Address:		
.....		
.....		
.....		
Phone:	Mobile:	E-Mail:

FOR ESTABLISHED PLAYERS

Are you a member of the Croquet Association? Yes/No

Association Handicap: Golf Handicap:

MEMBERSHIP CATEGORY (please tick one box)

Full Playing		<input type="checkbox"/>	
Country	Resident 20-40 miles from the Club	<input type="checkbox"/>	
Far Country	Resident 41+ miles from the Club	<input type="checkbox"/>	
Student	Age 16+ in full time education	<input type="checkbox"/>	
Junior	Age 12 to 16 (non voting member)	<input type="checkbox"/>	Date of birth:
Non Playing	Non-voting member	<input type="checkbox"/>	

PREFERRED WAY OF RECEIVING INFORMATION

Tick the box to show how you want to receive Club newsletters and other communications

By E-mail By Post

JOINING THE CROQUET ASSOCIATION

Joining the club entitles you to Standard membership of the Croquet Association (CA), at no additional charge. If you join the CA we will share your data with the CA unless you tell us not to.

Please tick here if you want to become a CA member:

SIGNATURES

I apply for membership of the Bowdon Croquet Club. If my application is approved, I agree to abide by the Club Rules and Bye Laws. I have been advised of the Club Fire Precautions and means of escape from the clubhouse.

I agree and accept that my personal details as listed above will be held on computer and that they may be given to other club members. Unless indicated to the contrary above, I also agree that my details may be passed to The Croquet Association, its members and registered clubs and Federations.

Signature of Applicant: Date:

Signature of Proposer: Date:

Signature of Seconder: Date:

PAYMENT (please tick one box)

Amount due: Cheque payable to **Bowdon Croquet Club** attached

£..... Pay directly to our bank account

Bowdon Croquet Club Sort code: 72-00-04 Account No. 02333489
giving the reference "Your surname / Membership"