

**WEST END BOWLING CLUB PERTH**  
**MEMBERSHIP RENEWAL FORM 2020**

(PLEASE COMPLETE ALL SECTIONS WITH BLOCK CAPITALS IN INK)

I hereby make an application to Renew my **ORDINARY / JUNIOR / SOCIAL** (*delete as appropriate*) membership of the **WEST END BOWLING CLUB PERTH** on ..... (*date of renewal*).

**NAME** .....

**ADDRESS** .....

..... **POST CODE** .....

**TELEPHONE No.** ..... **MOBILE No.** .....

**EMAIL** ..... **LOCKER NUMBER** .....

I authorise the processing of my **PERSONAL INFORMATION** under the **DATA PROTECTION ACT (1998)** and the **GENERAL DATA PROTECTION REGULATIONS (2018)** in accordance with the **WEST END BOWLING CLUB PERTH PRIVACY POLICY**.

I consent to my telephone number being displayed on Club notice Board **YES / NO**

**APPLICANTS SIGNATURE** .....

**MEMBERSHIP FEES** (*delete or insert as appropriate*)

**ORDINARY** £112.50 p.a.

**JUNIOR** -----

**SOCIAL** £35.00 p.a.

**LOCKER** £20.00 once only **RBS sort code: 83 47 00**

**DONATION** (*insert amount*) £..... **A/C no 00786906**

**TOTAL PAYMENT** £..... **Ref: Name**

**Method of Payment** (*delete as appropriate*) **CHEQUE / CASH / STANDING ORDER.**

*For Accounts purposes only*

**Date Received** ..... **Receipt Number** .....

**Cash** ..... **Cheque Number** .....

**Reference Notes** .....

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**NB** The completed form to be delivered to the Club Secretary