

Denton Island Indoor Bowls Club, Denton Island, Newhaven, BN9 9BA. Tel 01273 514664

www.dentonislandbowls.co.uk email: info@dentonislandbowls.co.uk

2025/2026 SEASON APPLICATION FOR FULL MEMBERSHIP

Please return to the above address

Surname	_ (Mr / Mrs / Miss)	Forename(s)
Known as (eg. Bob, Val, Fred, Peg etc.)		
Full Address		
		Postcode
Telephone: 01	Email:	
Mobile No:		
D.O.B		
Emergency contact: Name/Relationship		Tel
	ber 25/26 Sub	scription £140 October – 30 th September
Payment can be made by cheque, card or cas (Cheques should be made payable to: Denton	sh. I Island Indoor Bowls C	lub and presented with this application form.) Indoor Bowls Club and will comply with the rules and
*Signed	[Date:
For Club use: cheque No: Member	rship No:	
DATA PROTECT	ION - IMPORTANT	PLEASE COMPLETE BELOW
consent for Denton Island Indo contact myself on matters rela contacted. However, I also agre wishes to contact me on any leg possible and will not divulge to	(s) email(s) and or Bowls Club Le ating to the club ee that my details in the data to any he data to any	nsent for the club to retain my personal of mobile number(s) on record. I give td. (DIIBC) to use the data concerned to ub on which they believe I wish to be ails may be given to a club member who atter. DIIBC will keep the data as safe as other person or organisation. Next year my data, failing which my data will be
*Signed	Da	ted