**WEST SUSSEX COUNTY SHORT MAT BOWLS ASSOCIATION.**

AFFILIATED TO THE ESMBA.

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| MEMBERSHIP SECRETARY. |  | PRESIDENT |
| Roger Hawke | **APPLICATION FOR CLUB MEMBERSHIP** | Peter Winter |



**CLUB NAME** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**ADDRESS OF VENUE:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**POST CODE:** . . . . . . . . . . . . . . . . **PHONE NUMBER OF VENUE:** . . . . . . . . . . . .

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| **ROLL UP DAYS** | **DAY TIMES** | **EVENING TIMES** | | **NUMBER OF MATS** | |
|  | SEE TIMES OVERLEAF (PAGE TWO) |  | |  | |
| **NAME & ADDRESS OF CLUB SECRETARY** | | | **NAME & ADDRESS OF MATCH SECRETARY** | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| POST CODE: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | POST CODE: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| TEL. NO: . . . . . . . . . . . . . Mobile: . . . . . . . . . . . . . | | | TEL. NO: . . . . . . . . . . . . . . . . Mobile: . . . . . . . . . . . . . . | |
| EMAIL: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | EMAIL: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |

**NAME OF A THIRD CLUB CONTACT:** **. . . . . . . . . . . . .**

TEL. NO: . . . . . . . . . . . . . . . Mobile: . . . . . . . . . . . . . EMAIL: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Note: We strongly suggest the Third Contact is the Captain unless they are already listed above as Club or Match Secretary.**

**NAME AND ADDRESS OF SAFEGUARDING OFFICER** (Enhanced and updated certificate by 2028)

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| POST CODE: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | E-MAIL: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
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PLEASE COMPLETE AND RETURN THIS FORM TO THE MEMBERSHIP SECRETARY:

Roger Hawke, 6 Eleanor Gardens, Bognor Regis, West Sussex PO22 6BP email: sirrog87@yahoo.com

FOR THE FIRST FULL YEAR THERE WILL BE NO ADMINISTRATION FEE REQUIRED FOR NEW MEMBER CLUBS OR FORMER CLUBS THAT HAVE NOT BEEN AFFILIATED FOR THREE OR MORE YEARS.

“PLEASE NOTE. That in order to comply with the WSCSMBA Constitution (a) **Clubs NOT currently insured for Public Liability through the ESMBA insurance scheme please enclose a copy of their valid certificate with this form and (b) The full details of Club Secretaries will be supplied to the ESMBA.**

The ESMBA insurance scheme with Marsh Sports is subject to members from each Club being registered as an affiliated member, with a minimum of EIGHT individuals for each club.”

Data held by WSCSMBA under the provision of the General Data Protection Regulations (GDPR).

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| **DAY** | **TIMES** | **AMENDED TIMES?** | **Max Number of Mats** |
| MONDAY |  |  |  |
| TUESDAY |  |  |  |
| WEDNESDAY |  |  |  |
| THURSDAY |  |  |  |
| FRIDAY |  |  |  |
| SATURDAY |  |  |  |
| SUNDAY |  |  |  |