

**EXISTING MEMBERS**

**COLLECTION OF CONTACT DETAILS & CONSENT**

**OPPORTUNITY TO ADVISE OF ANY MEDICAL AND/OR OTHER ISSUES**

**From time to time the club will want to communicate with members through a variety of channels including by post, by email and by telephone**. There might be a number of reasons for communicating with you including, but not exclusively, updates re league, competitions and club matches, providing general information about the club and events and requesting information from members. In any event the club wants to improve its communication with members.

***Current circumstances mean it is extremely important that we are able to stay in contact through email if possible – therefore if you have email, please share the address with us.***

**This information will not be shared with anyone for commercial purposes.**

**For us to do this successfully we require up to date contact details from all our members**.

**This form seeks to collect up to date contact details and your consent to use that information for club matters**. A copy of the Club’s Privacy Notice is displayed on the noticeboard outside the office.

**Name:** ………………………………………………………..

**Membership No:** …………………….

**Address:** ………………………………………………..

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…………………………….

**Telephone: Home**……………………………… **Mobile**…………………………………

**Email address**………………………………………………………………………..

**Any known medical condition which may affect you whilst bowling ……………………**

**…………………………………………………………………………………………………………..**

**Any further information you wish to have recorded…………………………………………**

**………………………………………………………………………………………………………….**

**I consent to the use of my contact details as described subject to the Club’s Privacy Notice**

**Signature………………………………………**