Brecks Indoor Bowling Club

Breckland Leisure Centre, Croxton Road, THETFORD IP24 1JD

MEMBERSHIP APPLICATION/RENEWAL FORM 2026 – 2027

12 Month PLAYNG membership will run from 1ST September 2026 to 31st August 2027

7 month PLAYING membership will run from 1st September 2026 to 31st March 2027 plus 5-month retainer

First Name: **Surname:**

Address:

Town: **Post Code:**

Tel No. **Mobile No.**

Email: **Locker No. (current members if applicable)**

Please tick **ONE** of the following membership and payment method options:

☐ 12 month playing membership annual subscription **£240.00** to pay by Cheque/Cash or online Electronic Bank Transfer

☐ 12 month playing membership monthly subscription of **£20 per month** to pay by Standing Order. (First payment 1st Septmber 2026 with 11 subsequent payments on the 1st of each month. Final payment 1st August 2027).

☐ 7 month playing membership subscription **£154.00** (this includes a 5 month non playing club membership retainer tariff for insurance, county affiliations, club access and locker (if required) to pay by cheques/Cash or online Electronic Bank Transfer

☐ 7 month playing membership monthly subscription **£22.00** (this includes 7 months playing plus 5 month non playing club membership retainer tariff for insurance, county affiliations, club access and locker (if required) to pay by Standing Order. (First payment 1st Septmber 2026 with 6 subsequent payments on the 1st of each month. Final payment 1st March 2027).

Please make cheques payable to **Brecks IBC**.

If you are paying in full by Electronic Bank Transfer or setting up a Standing Order payment should be made to: **Brecks Indoor Bowling Club (Thetford)Account Number 51432664 (Business Account) Sort Code 40-44-42**

Data Protection (DPA2018)

☐ I give my consent to BIBC to hold the above information for the purposes of Club administration, including my contact details being available to club members. See Club Notice Board & Website for Full Privacy Notice.

☐ I give my consent for any photo's taken during club attendance to be used for publicity purposes on the club website or social media.

☐ I give my consent for BIBC to retain the following contact in case of emergencies

Name: **Contact Tel No:**

If you have any disabilities, injuries, medical, other issues that you wish to disclose please complete overpage

APPLICANT SIGNATURE: **DATE:**

Please return this form to the Club Membership Secretary no later than 21st August 2026.

CONFIDENTIAL

This information will remain private and confidential and only be shared for the purpose of fair competition and inclusive play.

Please complete the following

Are you

Male ☐

Female ☐

Other (e.g. Transgender, Non-Binary) ☐

Please state

Please refer to Bowls England Trans and Gender Diverse Revised Policy, available on our website or on the Bowls England Website BE_Trans_and_Gender_Diverse_Policy_Nov_2025.pdf

The revised policy confirms that bowls is an inclusive sport and that Bowls England is committed to promoting equality, diversity and inclusion. ***The revised policy confirms that bowls remains a gender affected sport.***

Do you have any disabilities, medical issues or injuries that you would like to inform us about so that we can try to ensure you are fully supported to play with any additional equipment or other resources. e.g. bowls adapted wheelchair

If you have any questions about the information required on the form

Please contact the

General Secretary

Brecks Indoor Bowls Club

Thetford

The Club Committee reserves the right to refuse any application for membership.

For Office use only: - Membership agreed **Yes/No**	Locker Number allocated