

WILLOWDALE LAWN BOWLING CLUB MEMBERSHIP FORM 2018

Please enter the information in CAPITAL PRINT on the appropriate lines.

NAME _____

ADDRESS _____ APT. NO _____

CITY AND _____ POSTAL CODE _____

PHONE NO. _____ EMAIL _____

(to be used only for information on club news and events)

CAR LICENCE NO(S) _____

NUMBER OF YEARS BOWLED _____ Previous clubs if new to Willowdale _____

Willowdale LBC depends on volunteers to run the club effectively and maintain lower fees. Each member is required to help in the kitchen, join and assist chairpersons or act as a draw-master. State here your preferred volunteer position.....(or you may be assigned to duties randomly).

FEES (NEW BOWLERS TO SIGN WAIVER FOR OLBA INSURANCE COVERAGE)

- **REGULAR MEMBER** 145.00..... \$ _____
(INCLUDES COMPULSORY OLBA FEE AND BC FEE)
- **JUNIOR MEMBER (<16 YRS)** 35.00..... \$ _____
- **16-24 years** 50.00..... \$ _____
(INCLUDES COMPULSORY OLBA FEE AND BC FEE)
- **SOCIAL MEMBER** 10.00..... \$ _____
(INCLUDES COMPULSORY OLBA FEE)
- **LOCKER** 10.00..... \$ _____

Enclosed is a cheque for the total of..... \$

If you have paid the OLBA/BC fees to another club please enter name of club

Please make cheque payable to **Willowdale Lawn Bowling Club**
150 Beecroft Road
Toronto, ON M2N 5Z5

Fees must be paid in full before the start of bowling.

No refund after July 15th.

I agree to abide by the laws, rules and regulations governing the club.

Signature _____

EMERGENCY CONTACT: NAME _____

PHONE _____