



# WILLOWDALE LAWN BOWLING CLUB MEMBERSHIP FORM 2020

FIRST NAME:		LAST NAME:		
ADDRESS:			APT. NO.:	
CITY:		PROVINCE:	Ontario	
COUNTRY:	Canada	POSTAL CODE:		
PHONE NO.:		MOBILE NO.:		
EMAIL:	(to be used only for information on club news and events)			
LICENCE PLATE NO.:		MEMBER SINCE:		
NO. OF YEARS BOWLED:		PREVIOUS CLUB:		

(if new to Willowdale)

Willowdale LBC depends on volunteers. During our Phase 1 opening, we may need safety officers, who would be responsible for ensuring that return to play protocols are consistently applied while the club is open. If you're interested in this role, please contact Nancy Fish at [nkelley@live.ca](mailto:nkelley@live.ca)

**FEES (ALL BOWLERS TO SIGN WAIVER AND COMPLIANCE FORM BEFORE EACH BOWLING SESSION)**

- REGULAR MEMBER \$100.00
- COVID-19 DONATION DEDUCTION (MAX \$100)
- JUNIOR MEMBER (<16 YRS) \$35.00
- 16-24 YEARS OLD \$50.00
- SOCIAL MEMBER \$10.00

Enclosed is a cheque for the total of \$

If you prefer to write a cheque, please make cheque payable to: **Willowdale Lawn Bowling Club**  
 Please send it to: **Joe Simpson**  
**Treasurer, Willowdale Lawn Bowling Club**  
**170 Eglerslie Ave, North York**  
**North York, Ontario M2N 1Y4**

If you choose to donate by electronic transfer, please address your Interac payment to [wlbc@bell.net](mailto:wlbc@bell.net) password: lawnbowling (no spaces). Those paying by e-transfer must include their name in the message portion as not all e-mails are self-explanatory. Any problems with the donation deposits, please call Joe Simpson on cell #647-567-0623.

Fees must be paid in full before the start of bowling  
*There will be no pro-rata fees for this shortened season. There will be no OLBA stickers for 2020. OLBA Insurance is in place for members.*

I agree to complete the self-assessment for COVID-19 on the Ontario Ministry of Health website.

I have read, understood and agreed to sign one of the appropriate document:

- the WLBC-OLBA – Release of Liability, Waiver of Claims and Indemnity Agreement.
- the WLBC-OLBA – Informed Consent and Assumption of Risk Agreement (parent / guardian)

I agree to sign the WLBC – Declaration of Compliance – Covid 19 form provided by the club when I show up to bowl each time.

Signature		Date	
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EMERGENCY CONTACT:

FULL NAME:		PHONE NO.:	
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