



WILLOWDALE LAWN BOWLING CLUB MEMBERSHIP FORM 2020

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>	
ADDRESS:	<input type="text"/>		APT. NO.:	<input type="text"/>
CITY:	<input type="text"/>	PROVINCE:	<input type="text"/>	
COUNTRY:	<input type="text"/>	POSTAL CODE:	<input type="text"/>	
PHONE NO.:	<input type="text"/>	MOBILE NO.:	<input type="text"/>	
EMAIL:	<input type="text"/> (to be used only for information on club news and events)			
LICENCE PLATE NO.:	<input type="text"/>	MEMBER SINCE:	<input type="text"/>	
NO. OF YEARS BOWLED:	<input type="text"/>	PREVIOUS CLUB:	<input type="text"/>	

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 (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 \$50.00
- SOCIAL MEMBER \$10.00
- LOCKER \$10.00

Enclosed is a cheque for the total of 0.00

If you prefer to write a cheque, please make cheque payable to:
Please send it to:

Willowdale Lawn Bowling Club
150 Beecroft Road
Toronto, ON M2N 5Z5

If you choose to donate by electronic transfer, please address your Interac payment to wbbc@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 abide by the Covid 19 Protocols, laws, rules and regulations governing the club.

Signature	<input type="text"/>	Date	<input type="text"/>
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EMERGENCY CONTACT:

FULL NAME:	<input type="text"/>	PHONE NO.:	<input type="text"/>
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