

APPLICATION FOR MEMBERSHIP 2020/2021

Thank you for applying to join the Northern Ireland Tenpin Bowling Federation. This form can be downloaded from our website (http://www.nitbf.org.uk)

Please complete this form and return it with the appropriate membership fee to **Joe Littlewood** (48 Earlswood Road, Belfast, BT4 3DZ).

After the acceptance of your application you will receive a membership card which is valid for the 2020/2021 season. You may be asked to produce this card at tournaments, competitions and leagues within Northern Ireland and in other events staged outside Northern Ireland. If you have any queries please contact the NITBF via contact@nitbf.org.uk

ALL INFORMATION PROVIDED IS PRIVATE AND CONFIDENTIAL

NAME:	
ADDRESS:	
POSTCODE:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
CONTACT NUMBER:	
SIGNATURE:	DATE:
PLEASE NOTE IF THE APPLICANT IS UNDER 18 A PARENT/G	UARDIAN IS REQUIRED TO
COMPLETE THE INFORMATION OVER L	EAF.
Membership categories (please circle the level y	ou require):
• Junior (aged 12-19, under 12's membership is free of charge)	£10.00
Adult membership	£30.00
Senior membership (Over 50s)	£25.00
League membership	£15.00





Cheques payable to NITBF
Renewal date for those holding current NITBF membership is 1 st October 2020
PRIVACY POLICY
The NITBF take your privacy seriously and will only use your personal information to administer your membership. We will never pass your information to anyone. However, from time to time we would like to contact you with details of upcoming events and results.
If you do not wish to give your consent to the NITBF to use your information as outlined above, please



Payment of Membership Fees:

tick this box:



Parental/Guardian Consent Section

Emergency Contact person and Telephone	Name:
Numbers	Tel:
	Relationship to child:
If unavailable contact	Name:
	Tel:
	Relationship to child:
GP/ Doctor's Name	
GP / Doctor's Tel No	
Details of any known special dietary	
requirement / allergies / medical conditions	
Any other special needs, requirements,	
directions, that would be helpful for the	
coaches to know about	

I will inform the leaders/coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the previously named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

NITBF is committed to ensuring that any information gathered in relation to our members meets the specific responsibilities as set out in the Data Protection Act 1998.

NITBF will store the above information on their data base for a maximum of 12 months before re-registering the player if still associated with the federation.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signature of Parent / Guardian	
Print Name	Date

(This consent form will remain valid for 1 year)

