

# San Jose Lawn Bowls Club

## Membership Application

To the Board of Directors of the San Jose lawn Bowls Club:

I hereby make application for membership in the San Jose Lawn Bowls Club. If accepted, I shall abide by the rules and regulations according to the Club's Constitution, By-Laws, Standing Rules and I agree to hold the City of San Jose and the San Jose Lawn Bowls Club (including its Officers and Directors) harmless of any claims and suits arising out of, or caused by my participation in the lawn bowling activities sponsored by, or in association with such participation in the lawn Bowling activities and I personally accept responsibility for those risks.

I will help in the daily activities of setting up the Rinks and putting the setup Equipment back in the storage, as well as helping to maintain the premises, such as painting, cleaning and generally keeping the facility in good order on a timely basis.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell # \_\_\_\_\_

Birthday ( Day / Month ): \_\_\_\_\_

SJLBC Member Sponsor: \_\_\_\_\_

I am applying for:

Home Club Membership ( New ): \_\_\_\_\_

Home Club Membership ( Renewal ): \_\_\_\_\_

Secondary Club Membership ( New ): \_\_\_\_\_

Secondary Club Membership ( Renewal ): \_\_\_\_\_

Social Club Membership ( Non Paying ): \_\_\_\_\_

If my application is approved, I agree to pay all Dues and Fees required as specified in the current year's Fee schedule as posted. Renewal membership Fees are due in December for the following year and are considered delinquent if not paid by January 15<sup>th</sup>.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name on Badge to read as follows: \_\_\_\_\_

Fees paid to: San Jose Lawn Bowls Club

Club Dues: \_\_\_\_\_

PIMD / USLBA \_\_\_\_\_

TOTAL: \_\_\_\_\_

Approved for bowling in Games by Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Approved for Membership by Board of Directors on ( Date ): \_\_\_\_\_

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

San Jose Lawn bowls Club Emergency Data Sheet

**NOTE: All Information you provide on this page is Voluntary. This sheet will be placed in a binder in the Clubhouse and will only be available to care providers in the event of a medical emergency.**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**In Case of an Emergency**

**Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Any Medical Information that you would like Emergency Personnel to know, such as:

Diabetes, Pacemaker, Allergies to Medications, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_