



MEMBERSHIP FORM 2025

Club Name & Number: Collingwood Lawn Bowling Club #1320

Membership # _____

LAST NAME: _____ **FIRST NAME:** _____

Address: _____

City/Town: _____ **Postal Code:** _____

Home Phone # _____ **Cell Phone** _____

e-mail Address: _____

Birth Date: _____ (mm/dd/yyyy)

Gender: Male ___ Female ___ Non-Binary ___ Other ___ Rather not say ___

Social Member: Yes ___ No ___

Associate Club(s) _____

Certified Coach: Yes ___ No ___ Level 1 Level 2 Level 3

Certified Umpire: Yes ___ No ___ Level 1 Level 2 Level 3

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Phone# _____

I give permission for my contact information to be shared with other members of the CLBC Yes ___ No ___

I give permission for club photographs, that include me, to be used on the website. Yes ___ No ___

SIGNATURE: _____ **DATE:** _____

Annual Fees: \$175 per adult (to be submitted with membership form)

Cheque: _____

Cash: _____