



JUNIOR PLAYING MEMBERSHIP FORM

1st October 2026 - 30th September 2027

NAME :-	MISS	MASTER	First Name _____	Surname _____
ADDRESS :- _____				
			Postcode: _____	
TEL No: _____		MEMBERSHIP No : _____		
<i>Have you changed your address or phone number since last year?</i>				Yes / No
E-MAIL ADDRESS: _____		DATE OF BIRTH: _____		
GDPR: Your personal data is used by GIBA LBG for administration purposes only and will not be disclosed for any other purpose. We will delete 5 years after you cease to be a member. Photo and Video Recording: In order to promote the sport of indoor bowls the club engages in photo and video recording, if you do not consent to the recording of your actions in this way please inform a Council Member.				
* Parent or guardian to complete I _____ will support the application for _____ to become a Junior Playing Member of the Guernsey Indoor Bowling Association LBG. SIGNED : _____				
* Junior to complete I, _____ hereby apply to the Guernsey Indoor Bowling Association LBG for membership of the Association as a Junior Playing Member. By signing this form I accept that I am bound by the Rules of the Association contained in the Association's Articles and the Association's bye-laws. JUNIOR MEMBERSHIP: £31.00 Debit or Credit Card payment accepted. BACS payments can be made to; Account: GIBA LBG Sort Code: 60-09-20 Number: 74425234 SIGNED :- _____ DATE :- _____				
Official use: Amount received: £ _____ Card completed ☐ Initials ☐				