

**ETOBICOKE LAWN BOWLING CLUB**  
**APPLICATION FOR NEW MEMBERSHIP - 2024**  
**(one form for each member)**

MEMBER ( \$165 plus \$40 OLBA fee) .....	\$205.00	_____
SOCIAL MEMBER ** .....	\$30.00	_____
YOUTH MEMBER (18 years and under) .....	\$50.00	_____
OTHER (OLBA FEE PAID TO OTHER CLUB) .....	\$170.00	_____

\*\* non-bowling social membership

**PLEASE PRINT - ONE MEMBER PER APPLICATION**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

GENDER: Woman  Man  Non-Binary

(Your e-mail address is important for Club communications. It will not be shared with any third parties.) I am willing to receive club emails Yes  No  I am willing to have my email in addition to my telephone number listed in the membership roster (Hard copy available to members at the Club) Yes  No  Would you like your renewal notice sent to you by email next year? Yes  No  Have you bowled before? Yes  No  Last position played \_\_\_\_\_ If Yes, # of years \_\_\_\_\_ Club \_\_\_\_\_ OLBA # \_\_\_\_\_

First time bowlers must participate in bowling lessons. How did you learn about ELBC? Newspaper, On-line ad, Poster, Social Media or ELBC Member. Please provide name \_\_\_\_\_

Member Pledge - I \_\_\_\_\_ pledge to be respectful, friendly, inclusive, and welcoming. I commit to doing my part to maintain my club's safe environment by following the club's code of conduct and respecting the policies of the club. Signature \_\_\_\_\_ Date \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

If you have any medical conditions, we should be aware of, and/or medications, please list:

Do you have First Aid Training? Yes  No  CPR? Yes  No  Defib? Yes  No

Have you received a COVID vaccination? Yes  No

There are two methods of payment.

1. You can email your application and make an e-transfer to [mike\\_russell@me.com](mailto:mike_russell@me.com) OR
2. Mail your application and your cheque payable to: ETOBICOKE LAWN BOWLING CLUB to Mike Russell at address below. Please send your payment **BEFORE March 31, 2024**. After this deadline, members may not be listed in the Roster.

**Please return to:**

**Mike Russell**

**3704-4065 Brickstone Mews**

**Mississauga, ON**

**L5B 0G3**