

NORTH VANCOUVER LAWN BOWLING CLUB – REGISTRATION 2022 <http://www.nvlbc.com>

Last Name:		First Name:			
Address:					
Postal Code:		Telephone:			
Email Address:					
What is your age group?	Under 18 <input type="checkbox"/>	18 – 24 <input type="checkbox"/>	25 – 54 <input type="checkbox"/>	55 – 79 <input type="checkbox"/>	80 and over <input type="checkbox"/>

I approve the use of this personal info for club purposes ☐

Membership Fees: Please tick your choice:

<input type="checkbox"/>	Full Member	<u>Apr 1 to Apr 30, 2023</u>	\$175.	E-Transfer payment to memregnvlbc@gmail.com. Or Please make cheque out to NVLBC & mail this <u>completed form & cheque to:</u> Treasurer NVLBC, PO Box 37016 Lonsdale PO, North Vancouver, BC V7M 4M4
<input type="checkbox"/>	Winter Member	<u>Oct 1 to Apr 30, 2023</u>	\$75.	
<input type="checkbox"/>	Associate/Social Member	<u>Apr 1 to Apr 30, 2023</u>	\$40.	
<input type="checkbox"/>	Junior Member	<u>Apr 1 to Apr 30, 2023</u>	\$40.	
<input type="checkbox"/>	New Member coaching only		\$30.	
<input type="checkbox"/>	New Member after coaching		\$145.	
<input type="checkbox"/>	Life Member		\$0.	

If **new member**, please indicate level of experience. First time bowler requiring coaching. ☐

Four or more years experience? ☐ Some previous bowling experience. ☐

Your payment method: ☐ E-Transfer ☐ Cheque

Email registration questions to the club secretary at secretarynvlbc@gmail.com or club treasurer at treasurernvlbc@gmail.com.

Volunteering: We are a non-profit club and rely on volunteers to keep our costs down. If you are able to volunteer, in what activity would you like to participate? Examples: games & competitions, greens, grounds, kitchen, maintenance, refreshments, Board of Directors -

Are you certified or have a designation in one of the following and willing to volunteer?

First Aid <input type="checkbox"/>	Food Safe <input type="checkbox"/>	Serve It Right <input type="checkbox"/>	Acct/Bookkeeping <input type="checkbox"/>	Info Technology <input type="checkbox"/>
Legal <input type="checkbox"/>	Medical <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Emergency Contact Information: Please note that each member's info will be detached from this form and used in an emergency only.

2022 MEMBER'S NAME:					
		<i>Last</i>		<i>First</i>	
Emergency Contact Person:					
Name:					
Telephone Number:		<i>Home:</i>		<i>Cell:</i>	
Address:					
Relationship:					
Existing health concerns:	Diabetes	Heart	Allergy	Other	