

NORTH VANCOUVER LAWN BOWLING CLUB – REGISTRATION 2024 <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, i.e. Email communication and names included in the member phone list

Membership Fees: Please tick your choice:

<input type="checkbox"/>	Full Member	May 1, 2024 to Apr 30, 2025	\$220	E-Transfer payment to memregnvlbc@gmail.com. Or Please make cheque out to NVLBC & mail this completed form & cheque to: Treasurer NVLBC, 249 East 24th Street, North Vancouver, BC V7L 3E7
<input type="checkbox"/>	Winter Member	Oct 1, 2024 to Apr 30, 2025	\$85	
<input type="checkbox"/>	Social Member (previous full member or partner of full member)	May 1, 2024 to Apr 30, 2025	\$50	
<input type="checkbox"/>	Junior Member	May 1, 2024 to Apr 30, 2025	\$40	
<input type="checkbox"/>	Coaching only		\$30	
<input type="checkbox"/>	New Member after coaching		\$190	
<input type="checkbox"/>	Life Member		\$0	
<input type="checkbox"/>	Bowls Locker	May 1, 2024 to Apr 30, 2025	\$20	
<input type="checkbox"/>	Security Fob (one time charge)		\$10	

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.

2024 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