



North Yorkshire Short Mat Bowling Association

Founded in 1991

www.nysmba.com

Affiliated to the E.S.M.B.A.

APPLICATION FOR CLUB MEMBERSHIP (revised 2024/25)

Clubs that join our Association are required to fully accept and adhere to our Constitution and must also agree to the Safeguarding Policy, Statement and Code of Practice. Submission of this application implies that these documents have been read by the members of the Club Committee and their contents recorded as being accepted. All the relevant documents can be accessed on the NYSMBA website (see **Overview** and **Safeguarding** under **About Us**)

The Club will be responsible for prompt payment of affiliation fees on behalf of the Members. All members will be registered with the ESMBA with part of the individual affiliation fee being forwarded by the NYSMBA.

This application for Club membership must provide the name of an existing member of the Association (a sponsor) who has visited the venue and is prepared to support the application when it is considered.

SPONSOR:.....Tel. No. or Email address.....

CLUB DETAILS

Name of the Club.....Date formed.....

Does the Club have a written Constitution and /or set of Rules?.....

Does the Club have 3rd Party Liability Insurance cover?.....

Full address of the Clubs playing venue including the postcode and telephone number.

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Does the venue have accessible access and facilities (Wheelchair).....

CURRENT MEMBERSHIP

How many playing members are there in each of the age ranges indicated

Under 18.....18-39.....40-54.....55-64.....65 and above.....Total.....

PCF (Parent/Carers forms) will be required for under 18s at annual registration

EQUIPMENT

The number of mats owned or hired.....

Does equipment comply with ESMBA Rules.

The maximum number of mats that can be practicably deployed.....

CONTACTS Please provide details of 2 contacts:

Contact 1.....Tel.No.....

Email address.....Mobile No.....

Postal Address.....

Contact 2.....Tel. No.....

Email address..... Mobile No.....

Note that all communications will normally be sent to the nominated CONTACT 1 who will be considered the primary contact for your Club.

SAFEGUARDING

The Club nominated safeguarding Officer is

HISTORY: Please indicate how the Cub got started and how you became aware of the NYSMBA and /or the ESMBA. (continue overleaf if necessary)

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Signed by (capitals).....Position.....

Signature.....Date.....

Please return the completed form to the NYSMBA Membership Secretary. The application will be considered by the Association Management Committee at their next meeting after which you will be notified of their decision.