

**STANLEY PARK LAWN BOWLING CLUB  
MEMBER REGISTRATION FORM 2020**



**Membership:**      Renewal                  New                  Lessons Only

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **PCode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Share with club members:**      my address      my telephone number      my Email

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**Membership Category:**

Life       Active \$215 [\$171.43 Club, \$35 BCB, \$8.57 GST]

Associate \$160 [Member other Club] [\$152.38 club, \$7.62 GST]

Social \$60 [\$57.14 Club, \$2.86 GST]       Junior 21 and under \$65

**Age:**    13 -17                  18 – 25                  26 – 54                  55-64                  65+

**Optional Name Badge [(\$14 Pin-\$16 Magnetic) Name on badge: First/Last Name**

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**As a member of the Stanley Park Lawn Bowling Club I agree to abide by the  
Bowls BC Code of Conduct Policy at all times.**

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** Membership, Stanley Park Lawn Bowling Club  
2099 Beach Ave., Vancouver, B.C. V6G 1Z4

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**Record of Payment (Office Use Only)**

**Received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lessons Only:**      \$ \_\_\_\_\_

**Membership:**      \$ \_\_\_\_\_

**Name Badge:**      \$ \_\_\_\_\_

**Donation:**      \$ \_\_\_\_\_

**Total:**      \$ \_\_\_\_\_

# Stanley Park Lawn Bowling Club

All club activities and maintenance depends upon Volunteers.  
Will You Please Be One.

Please check the following areas where you are willing to volunteer:

**Social:**

- BBQ team member
- Special event team
- Kitchen
- Bartending (requires certification)
- Tournament Hospitality

**Bowling:**

- Greens assist
- Games draws
- Games tournament
- Coaching

Corporate and Visitor events

House

- Are you interested in being a mentor/and or buddy to assist Novice or intermediate player during games? YES

**Note:** The club aims to assist any member with special needs or conditions. Please list these so we can support you during lessons and/or games. Kindly list any medical or special needs below.

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_