BEDFORD BOROUGH BOWLING CLUB

GOLDINGTON ROAD, BEDFORD MK40 3NF

New Membership Application Form from 1st October 2025

PLEASE COMPLETE ALL DETAILS IN CAPITAL LETTERS

NAME	
ADDRESS	
TELEPHONE NUMBER	MOBILE NUMBER
EMAIL ADDRESS	
DATE OF BIRTH	
CAR REGISTRATION NUMBER	
EMERGENCY CONTACT DETAILS	
NAME OF YOUR EMERGENCY CONTACT	

CATEGORIES OF MEMBERSHIP

RELATIONSHIP TO YOU (E.G. WIFE)

TELEPHONE / MOBILE NUMBER OF CONTACT

PAYMENT DETAILS TO BE COMPLETED BY A CLUB OFFICER/OFFICE

	PLEASE TICK	COST	DATE PAID	CHEQUE	VISA	BACS YOUR NAME AS REF
FULL MEMBERSHIP		£125.00				
JUNIOR FULL MEMBERSHIP		£10.00				
NON-PLAYING MEMBERSHIP		£75.00				
VISUALLY IMPAIRED GROUP		£10.00				
PARKINSON'S GROUP		£10.00				
CLUB CARD		£4.00				

Have you played Bowls before? Yes/No				
Name of Club:	County			
Have you been referred by another BBBC me	mber? Yes/No			
Name of Member?				
When you have completed your 4 weeks Ten will be rewarded by a payment of £20 to their				
THE GENERAL DATA	A PROTECTION ACT			
PLEASE READ THE FOLLOWING STATEMENT				
"The information you provide in this form an provided during your application for member processing your application (including paymember of Bedford Borough Bowling Club.	rship will be used solely for the purpose of			
This will include the creation of league team will be available to other team/club member				
All the information given on this form will be information will not be passed to a third part				
If you agree that your personal details can be you agree to "Abide by the Club Constitution				
SIGNATURE	DATE:			
"WE WOULD ALSO LIKE TO PLACE YOUR DETAILS ON INDICATE YOUR AGREEMENT/DISAGREEMENT BY SIG				
I GIVE MY PERMISSION	DATE:			
I DO NOT GIVE MY PERMISSION	DATE:			