

BEDFORD BOROUGH BOWLING CLUB
GOLDINGTON ROAD,
BEDFORD MK40 3NF

Membership Application Form
2023-2024

NAME (PLEASE PRINT)	
ADDRESS	
TELEPHONE NUMBER	MOBILE NUMBER
E MAIL ADDRESS	
DATE OF BIRTH	CAR REGISTRATION NUMBER
BOWLING EXPERIENCE IF ANY	IF YOU HAVE BOWLED IN THE PAST PLEASE NAME THE CLUB

BOWLING MEMBERSHIP CATEGORY APPLYING FOR (PLEASE TICK)
INDOOR BOWLING ONLY
OUTDOOR BOWLING ONLY
INDOOR & OUTDOOR (JOINT) BOWLING
JUNIOR BOWLING
VISUALLY IMPAIRED BOWLING
NON PLAYING

EMERGENCY CONTACT DETAILS. PLEASE PRINT
NAME OF YOUR EMERGENCY CONTACT
RELATIONSHIP TO YOU (E.G. WIFE)
TELEPHONE NUMBER OR MOBILE NUMBER OF CONTACT

MEMBERSHIP IS ANNUAL, FROM 1ST OCTOBER EACH YEAR UNTIL 30TH SEPTEMBER EACH YEAR.
RENEWAL INVOICES ARE ISSUED IN SEPTEMBER AND PAYMENT SHOULD BE MADE BY THE 1ST OCTOBER.

When you pay your subscription, you will be given a club card (used to enter the club and to pay for rink fees or beverages from the bar).

Subject to Management Approval

THE COST OF MEMBERSHIP FOR THIS YEAR SHALL BE:		TO BE COMPLETED BY THE OFFICE
FULL INDOOR	£120.00	
JOINT FULL (INDOOR & OUTDOOR)	£140.00	
NON PLAYING	£75.00	
JUNIOR MEMBERSHIP	£5.00	
VISUALLY IMPAIRED	£5.00	
CLUB CARD	£3.00	
TOTAL COST		

THE GENERAL DATA PROTECTION ACT. PLEASE READ THE FOLLOWING STATEMENT

"The information you provide in this form and any other information obtained or provided during your application for membership will be used solely for the purpose of processing your application (including payment processing) and if elected to membership, dealing with you as members of Bedford Borough Bowling Club.

This will include the creation of league team sheets where members telephone numbers will be available to other team members.

All the information given on this form will be held for one year only and your personal information will not be passed to a third party for any reason.

If you agree that your personal details can be used for the purposes outlines above and you agree to "Abide by the Club Constitution, Rules and Byelaws".

SIGNATURE

DATE

"WE WOULD ALSO LIKE TO PLACE YOUR DETAILS ON OUR PASSWORD PROTECTED WEB SITE PLEASE INDICATE YOUR AGREEMENT/DISAGREEMENT BY SIGNING BELOW"

I GIVE MY PERMISSION

I DO NOT GIVE MY PERMISSION

PLEASE RETURN THIS FORM TO THE OFFICE.