

**BEDFORD BOROUGH BOWLING CLUB**  
**GOLDINGTON ROAD,**  
**BEDFORD MK40 3NF**

**LEAVING FORM**  
**2025-2026**

OFFICE INFORMATION ONLY.

THIS FORM CAN BE COMPLETED BY THE MEMBER, THE OFFICE STAFF OR A CLUB MEMBERS  
RELATIVE/FRIEND.

ONCE COMPLETED IT SHOULD BE ATTACHED TO THE RENEWAL MEMBERSHIP FORM AND FILED.

NAME OF MEMBER (PLEASE PRINT)	
BOWLING CATEGORY	
YOUR NAME IF YOU ARE A RELATIVE/FRIEND	
YOUR TELEPHONE NUMBER	
YOUR E MAIL ADDRESS	
THE ABOVE DETAILS WILL ONLY BE USED IF THE OFFICE NEED TO CHECK MEMBERSHIP DETAILS.	
ANY OTHER RELEVANT INFORMATION	
DATE	OFFICIALS SIGNATURE
WAS THIS INFORMATION OBTAINED BY TELEPHONE    YES (    )    NO (    )	

**IN KEEPING WITH THE GENERAL DATA PROTECTION ACT.**

**ALL YOUR/OR THE MEMBERS, PERSONAL DETAILS WILL BE REMOVED FROM THE CLUB REGISTER WHEN ALL ADMINISTRATION IS COMPLETED. YOUR DATA WILL NEVER BE PASSED TO A THIRD PARTY FOR ANY REASON.**

**PLEASE RETURN THIS FORM TO THE OFFICE.**