



Registration Form for BCGBA Membership



County Association:

Club Name: Club Membership Number:

Number ~	Mr/ Mrs/Miss /Ms	First Name	Name 2	Surname	Gender M/F	Date of Birth (DD/MM/YYYY)

~ Applications for a Replacement Card only

Please give reason for requesting a replacement card (eg card lost, card damaged, change of name):

Address	Post Code	Email	Tel: Landline	Tel: Mobile

Ethnic Origin *	Disability or Serious Illness #

* This is required to show that the sport welcomes all ethnicities - it would be appreciated if you could complete the above box

This is to assist the sport in supporting members with any individual needs - if no assistance is required please leave the above box blank

Card to be returned to: Applicant Club Secretary Please tick your preferred option

- If you have selected Club Secretary then please give their name and full address below

I enclose a cheque to the value of £ (£16.50 for a new player, £5 for a replacement card)

Cheque to be made payable to:

Electronic Payment details: Account name Sort Code account number put surname as reference

Send to County Registrar:

Address:

Phone: E-mail:

Data Consent: The information given on this membership registration form will only be used in connection with your BCGBA Membership and will not be shared with any other organisation.

Signature: _____

Date: _____