



## 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

~ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ethnic Origin *	Disability or Serious Illness #
<input type="text"/>	<input type="text"/>

\* 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

**PLEASE FILL IN ALL SECTIONS**

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

I enclose a cheque to the value of £ \_\_\_\_\_ (£15 for a new player, £5 for a replacement card)

Cheques payable to :- Lancashire County Crown Green Bowling Association or LCCGBA

Bank Transfer :Acc Name : Lancashire County Crown Green Bowling Ass. Sort Code : 30-19-56. Acc Number : 00809434 (Online only-Quote Ref: Player or LAN# )

Send to County Registrar :- Mr J Glover  
 Address :- 21 Warwick Road. Atherton. Gt Manchester. M46 9PL  
 Phone :- 01942 879385. Mob :- 07442 166251 email :- jimmy.glover@talktalk.net

**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: \_\_\_\_\_