



Registration Form for BCGBA Membership



County Association:	British Parks	County Membership Number:	BCG	10021	PA
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Club Name:		Club Membership Number:			
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Number ~	Mr/ Mrs/Miss /Ms	First Name	Name 2	Surname	Gender M/F	Date of Birth

~ 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	<input type="checkbox"/>	Please tick your
	Club Secretary	<input type="checkbox"/>	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 £ _____ (£10 for a new player, £3 for a replacement card)

Please note: 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.