



Registration Form for BCGBA Membership



County Association:		County Membership Number:			
---------------------	--	---------------------------	--	--	--

Club Name:		Club Membership Number:			
------------	--	-------------------------	--	--	--

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

Please tick your

Club Secretary

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)

If you wish to make an electronic payment please contact the County Registrar.

Data Consent: I understand that the information given on this membership registration form will only be used in connection with my BCGBA Membership and that the BCGBA need to collect membership data which will only be used for the promotion and marketing of the Association and affiliated bodies.

Print Name: _____ Signed: _____ Dated: _____