



Registration Form for BCGBA Membership



County Association:		County Membership Number:			
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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

Address	Post Code	Email	Tel: Landline	Tel: Mobile

Ethnic Origin *	Disability or Serious Illness *

* Please see notes for further information on these two boxes

Card to be returned to:

Club Secretary
Applicant

<input type="checkbox"/>	Please tick your preferred option
<input type="checkbox"/>	

I enclose a cheque to the value of £

(£10 for a new player, £3 for a replacement card)

Cheque to be made payable to:

Send to County Registrar:	
Address:	
Phone:	E-mail:

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

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.