



# Registration Form for BCGBA Membership



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

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	<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 £ \_\_\_\_\_ (£12 for a new player, £4 for a replacement card)

Cheques made payable to: BDLCGCB

Send to County Registrar: Mrs Barbara Lowe

Address: 30 Britannia Drive, Stretton, Burton upon Trent, Staffs. DE13 0EW

Phone: 01283 565438 or 07834691357 | E-mail: barbaralowe20@btinternet.com

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

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