

## Registration Form for BCGBA Membership



С	ounty Association:	DERBYSHIRE CGBA		County Me	County Membership Number:		10006	CA	
Club Name:				Club Membership Number:		DER		CL	
·				·		·			
Number ~	nber ~ Mr/ Mrs/Miss /Ms First Name Name 2		Name 2	Surname Gende		/I/F Date of Birth (DD/MM/YYY		/MM/YYYY)	
	for a Replacement Card se give reason for reque		ard (eg card lost, c	ard damaged, change of n	ame):				
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					
ard to be returned to:		Applicant Please tick your Club Secretary preferred option							
· If you have s	elected Club Secretary th	en please give their na	me and full addre	ess below					
	I enclose a	cheque to the value	of £	(£12 for a new player	. £4 for a replacement card	)			
Cheque to be	made payable to: Derby	yshire C.G.B.A.							
Send to Count	y Registrar: Ian Wallis								
Address: Flat : Phone: 07934	20, Elizabeth Court, Bro	ugh Road, Winshill, Bu		E15 0EG bowls11@gmail.com					
-Holle, 07334	830742	If you wish to make o	•	nent please contact the Co	ounty Registrar.				
Data Consent other organisa		on this membership re	egistration form w	ill only be used in connect	ion with your BCGBA Mem	bership an	d will not	be share	d with any
Signatu	re:				Date:				
									MR/V3/2019