



# Registration Form for BCGBA Membership



<b>County Association:</b>	LANCASHIRE	<b>County Membership Number:</b>	BCG	10009	CA
<b>Club Name:</b>		<b>Club Membership Number:</b>			

### PLEASE FILL IN ALL SECTIONS

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:**

<b>Applicant</b>	<input type="checkbox"/>	Please tick your
<b>Club Secretary</b>	<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 payable to :- Lancashire County Crown Green Bowling Association or LCCGBA**

**Electronic Payment Details :- Lloyds Bank. Sort Code :- 30-19-56. Account Number :- 01108537.**

**Send to County Registrar :- Mr J Glover**

**Address :- 21 Warwick Road. Atherton. Gt Manchester. M46 9PL**

**Phone :- 01942 879385. Mob :- 07442 166251**      **email :- jimmy.glover@talktalk.net**

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