



Registration Form for BCGBA Membership



County Association:	LANCASHIRE	County Membership Number:	BCG	10009	CA
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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 (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 preferred option
Club Secretary	<input type="checkbox"/>	

PLEASE FILL IN ALL SECTIONS

- If you have selected Club Secretary then please give their name and full address below

I enclose a cheque to the value of £ _____ (£15 for a new player, £5 for a replacement card)

Cheques payable to :- Lancashire County Crown Green Bowling Association or LCCGBA

Bank Transfer :Acc Name : Lancashire County Crown Green Bowling Ass. Sort Code : 30-19-56. Acc Number : 00809434 (Online only-Quote Ref: Player or LAN#)

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: _____