



Registration Form for BCGBA Membership

registrar@bcgba.org.uk

Ref: NRMAF1.1 – January 2025



County Association:	
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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):

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Address	Post Code	Email	Tel: Landline	Tel: Mobile

Self Disclosure: Is there any reason that approving your membership could negatively impact on the club?

Yes / No

Have you ever had any Club membership refused or withdrawn in the past?

Yes / No

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

Club Secretary

Please tick your

preferred option

For Office Use Only

New Membership No. Issued:

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

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Membership Costs are - £15 for a new player - £5 for a replacement card - please indicate method of payment below:

<input type="checkbox"/>	I have paid by bank transfer to the bank details given below the sum of £_____ on the following date _____
<input type="checkbox"/>	I enclose a cheque/cash to the value of £_____

Cheque to be made payable to:	Bank transfer payments to:
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Send to County Registrar:

Address:

Phone:	E-mail:
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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: _____

British Crown Green Bowling Association
Shop 1 @ High Street, Kinver, Stourbridge,
West Midlands DY7 6HD

Date: _____

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