Registration Form for BCGBA Membership

County Association:	DERBYSHIRE CGBA	County Membership Number:	BCG	10006	CA

Club Name:		Club Membership Number:	DER		CL

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** ☐ *Please tick your*
Club Secretary ☐ *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)

Cheque to be made payable to: Derbyshire C.G.B.A.

Send to County Registrar: Ian Wallis
Address: Flat 20, Elizabeth Court, Brough Road, Winshill, Burton-on-Trent, DE15 0EG
Phone: 07934 896742 **E-mail: burtonbowls11@gmail.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: _____

MR/V3/2019