

Registration Form for BCGBA Membership



NG ASSOCIA	registrar@bcgba.org.uk				Ref: NRMAF1.1	– January 2025	
Cou	nty Association:		North Mic	llands Crown Green Bowling A	ssociation - BCG 10012 CA		
		_					
Club Name:			Club Member		ership Number:		
	T	T _	T .	T-	<u> </u>	1	
Number ^	Mr/ Mrs/Miss /Ms	First Name	Name 2	Surname	Gender M/F	Date of Birth (DD/MM/YYYY)	
	<u> </u>						
	r a Replacement Card	•			_		
Please g	ive reason for request	ting a replacement car	d (eg card lost,	card damaged, change of nam	ne):		
		T	_				
Address		Post Code		Email	Tel: Landline	Tel: Mobile	
					2		
elf Disclosure: Is there any reason that approving your me		=					
	Have you ever had a	ny Club membership r	efused or witho	drawn in the past?	Yes /	No	
				T			
nic Origin *				Disability or Serious Illr	ness #		
	·	rt welcomes all ethnic			sport in supporting members w	-	
it would be appreciated if you could complete the above box			OX .	- if no assistance is required please leave the above box blank			
					· · · · ·		
ard to be returned to:		Applicant Club Secretary		Please tick your	For Office Use Only		
				preferred option	New Membership No. Issued:		
f you have sele	cted Club Secretary tl	hen please give their n	ame and full ac	ddress below			
embership Cos	sts are - £15 for a nev	v player - £5 for a repl	acement card				
ew Player Men	nbership Fees will be	billed to the Players C	lub within the	North Midlands Bills in Octobe	er each year.		
nd to County F	Registrar: Martin Do	bson					
		try, West Midlands, C	V2 4AH				
one: 0790458		<u> </u>		son365@btinternet.com			
ata Consent· T	he information given	on this membership re	egistratio				
	_	on and membership it	- Sisting (www	v.bcgba or		
y other organi	sation.		Brit	tish Crown Green Bowling Association	v.bcgba.org.uk		
Signature:				p 1 @ High Street, Kinver, Stourbridge, st Midlands DY7 6HD		follow us on	