



# Registration Form for BCGBA Membership



<b>County Association:</b>	Merseyside County Crown Green Bowling Association
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<b>Club Name:</b>		<b>Club Membership Number:</b>			
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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

<b>Ethnic Origin *</b>	<b>Disability or Serious Illness #</b>

\* 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 preferred option
<b>Club Secretary</b>	<input type="checkbox"/>	

- 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)

**Cheque to be made payable to:** Merseyside County CGBA

**Send to County Registrar: Kye Gorman**

**Address: 94 Fishers Lane, Pensby, Wirral, CH61 8SB**

**Phone: 07731 693155**      **E-mail: mccgbaregistrar@gmail.com**

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