



# Registration Form for BCGBA Membership

registrar@bcgba.org.uk

Ref: NRMAF1.1 – January 2025



|                            |  |
|----------------------------|--|
| <b>County Association:</b> | <b>Merseyside County Crown Green Bowling Association</b> |
|----------------------------|--|

|                   |  |                                |  |  |  |
|-------------------|--|--------------------------------|--|--|--|
| <b>Club Name:</b> |  | <b>Club Membership Number:</b> |  |  |  |
|-------------------|--|--------------------------------|--|--|--|

| 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 |
|---------|-----------|-------|---------------|-------------|
|         |           |       |               |             |

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 Have you ever had any Club membership refused or withdrawn in the past?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

|                        |  |
|------------------------|--|
| <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

|                                |                       |  |  |  |
|--------------------------------|-----------------------|--|--|--|
| <b>Card to be returned to:</b> | <b>Applicant</b>      |  | <i>Please tick your preferred option</i> | <b>For Office Use Only</b><br>New Membership No. Issued: |
|                                | <b>Club Secretary</b> |  |  |  |

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

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

I have paid by bank transfer to the bank details given below the sum of £ \_\_\_ on the following date \_\_\_\_\_

I enclose a cheque/cash to the value of £ \_\_\_\_\_

**Cheque to be made payable to: Merseyside County CGBA Bank transfer payments to: Barclays 20-51-43 30460672 Merseyside County Crown Green BA**

|   |
|---|
| <b>Send to County Registrar: Kye Gorman</b>       |
| <b>Address: 94 Fishers Lane, Pensby, CH61 8SB</b> |
| <b>Phone: 07731 693155</b>                        |
| <b>E-mail: mccgbaregistrar@gmail.com</b>          |

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

www.bcgba.org.uk

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