



Registration Form for BCGBA Membership



County Association:	Wales	County Membership Number:	BCG	10018	CA
----------------------------	-------	----------------------------------	-----	-------	----

Club Name:		Club Membership Number:	WAL		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:	WCGBA
--------------------------------------	-------

Send to County Registrar:	David Walker
Address:	22 Vounog Hill, Penyffordd, Chester, CH4 0EZ
Phone: 07943 276832	E-mail: dmcwalker22@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: _____