

Registration Form for BCGBA Membership



rogistrar@begba orgu

Ref: NRMAF1.1 - January 2025

pplications 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 f Disclosure: Is there any reason that approving your membership could negatively impact on the club? Have you ever had any Club membership refused or withdrawn in the past? Yes / No nic Origin * Disability or Serious Illness # this is required to show that the sport welcomes all ethnicities would be appreciated if you could complete the above box - if no assistance is required please leave the above box blank	"VG ASSOC"	registrar@bcgba.org.uk				Ret: NRMAF1.1	- January 2025 ASSOC
Number	Со	unty Association:			Welsh Crown Green Bowli	ng Association	
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