



Registration Form for BCGBA Membership



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| County Association: | LANCASHIRE | | |
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|------------|-----------------------|-------------------------|-----|-------|----|
| Club Name: | AINSDALE BOWLING CLUB | Club Membership Number: | LAN | 12552 | CL |
|------------|-----------------------|-------------------------|-----|-------|----|

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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 |
| | | | | |

| | |
|-----------------|---------------------------------|
| Ethnic Origin * | Disability or Serious Illness # |
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* 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
PLEASE FILL IN ALL SECTIONS

Card to be returned to: **Club Secretary**

Club Secretary: Name & Address

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|---|
| MR. S. BIDDOLPH, 16 HATFIELD ROAD, AINSDALE, SOUTHPORT, PR8 2PE |
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I enclose a cheque to the value of £ _____ (£15 for a new player, £5 for a replacement card)

Cheques payable to :- Lancashire County Crown Green Bowling Association or LCCGBA

Bank Transfer :Acc Name : Lancashire County Crown Green Bowling Ass. Sort Code : 30-19-56. Acc Number : 00809434

Send to County Registrar :- Mr P. Coventry

Address :- 16 Brooklands, Horwich, Bolton, Lancashire, BL6 5RW

Mob :- 07440 642722 (Note calls after 7pm will not be taken)

E-mail :- phil.coventry27@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: _____

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Date: _____