



Registration Form for BCGBA Membership



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 #

* 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

MR. S. BIDDOLPH, 16 HATFIELD ROAD, AINSDALE, SOUTHPORT, PR8 2PE

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
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Send to County Registrar :- Mr P. Coventry
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Address :- 16 Brooklands, Horwich, Bolton, Lancashire, BL6 5RW
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Mob :- 07440 642722 (Note calls after 7pm will not be taken)	E-mail :- phil.coventry27@gmail.com
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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: _____