



Registration Form for BCGBA Membership



County Association:	Yorkshire CCGBA
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Club Name:		Club Membership Number:			
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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

Card to be returned to:

Applicant	<input type="checkbox"/>	Please tick your
Club Secretary	<input type="checkbox"/>	preferred option

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

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I enclose a cheque to the value of £ _____ (£16.50 for a new player, £5 for a replacement card)

Cheque to be made payable to: S Cochrane

Electronic Payment details: Bacs sort code 07-02-46 account number 47822206 account name S Cochrane put surname as reference

Send to County Registrar: S N Cochrane	form can be emailed to ceo@yccgba.org.uk
Address : Montrose Ripley Road Knaresborough HG5 9BY	
Phone: 01423 868822	E-mail: as above

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: _____