



Registration Form for BCGBA Membership



registrar@bcgba.org.uk

Ref: NRMAF1.2 – September 2025

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|----------------------------|------------|
| County Association: | Lancashire |
|----------------------------|------------|

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|-------------------|--|--------------------------------|-----|--|----|
| Club Name: | | Club Membership Number: | LAN | | 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 |
|---------|-----------|-------|---------------|-------------|
| | | | | |

Self Disclosure: Is there any reason that approving your membership could negatively impact on the club?

Yes / No

Have you ever had any Club membership refused or withdrawn in the past?

Yes / No

| | |
|------------------------|--|
| 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

Club Secretary

Please tick your

preferred option

For Office Use Only

New Membership No. Issued:

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

Membership Costs are - £20 for a new player - £5 for a replacement card - please indicate method of payment below: Juniors under 18 no charge

☐ I have paid by bank transfer to the bank details given below the sum of £ ____ on the following date _____

☐ I enclose a cheque/cash to the value of £ _____

Cheque to be made payable to: L.C.C.G.B.A

Bank transfer payments to: LCCGBA- Sort:30-19-56 - A/C : 00809434

Note : Bank transfers must quote new player name NOT account holder as reference

Send to County Registrar: Mr P J Coventry

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

Mob: 07740 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: _____

British Crown Green Bowling Association
Shop 1 @ High Street, Kinver, Stourbridge,
West Midlands DY7 6HD

Date: _____

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