

## Registration Form for BCGBA Membership



	registrar@bcgba.org.uk				INCI	. NKIVIAF1.2 - SE	otmber 2025	NG ASSOCIA	
C	ounty Association:			Lancashire					
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	Club Name:			Club Membe	ership Number:	LAN	CL		
Number ^	Mr/ Mrs/Miss /Ms	First Name	Name 2	Surname	Gender	· M/F	Date of Birth (D	D/MM/YYY	
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lf Disclosure	· Is there any reason	that approving your me	mhershin could n	egatively impact on the club?		Yes / N	0		
ii Disclosure	•	any Club membership re	•	· , ,		Yes / N			
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This is required to show that the sport welcomes all ethnicities				# This is to assist the sport in supporting members with any individual needs - if no assistance is required please leave the above box blank					
would be a	ppreciated if you could	complete the above box	X	- if no assistance is rec	quired please leave ti	he above box	: blank		
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you have se	elected Club Secretary t	then please give their no.							
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