

Phone

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## **Registration Form for BCGBA Membership**



	County Association.	Junty Association. Greater Manchester County CGBA County Membership Number.		rsiiip ivuiliber.	ВСО	10007	CA	-	
	Club Name:			Club Membership Number:		GTM		CL	_
Number ~	Mr/ Mrs/Miss/Ms	First Name	Name 2	Surname Gender M,		F	Date of Birth		irth
Application	 ns for a Replacement Car	d only							
	Address	Post Code	Email		Tel: Landline		Tel: Mobile		ile
		. <b>I</b>	<u> </u>						
Ethnic Origin *				Disability or Serious Illiness *					
Please see	notes for further informa	ation on these two b	ooxes						
Card to be returned to:				-		ase tick your			
				Applicant	pref	erred opt	ion		
	I enclose a cheque to	the value of £	(£12 for	a new player, £4 for a	replacement card)				
Cheque to	be made payable to G.M.	.C.C.G.B.A.							
Sand to Ca	unty Registrar: Cathy Wil	con							
	, , ,								
Address 1	Gorseyfield, Droylsden, I	vianchester M43 6D	Z						

Please note: The information given on this membership registration will only be used in connection with your BCGBA Membership and will not be shared with any other organisation.



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#### **Notes**

### Ethnicitiy:

Please find below a list to help you identify your ethnic group/origin:

White	Asian or Asian British Pakistani				
British	Indian Bangladeshi				
Irish	Please specify if other Asian background				
Please specify if other white background					
	Black or Black British				
Mixed	Caribbean				
White & Black Caribbean	African				
White & Asian	Please specify if other Black background				
White & Black African					
Please specify if other mixed background	Chinese or other ethnic group				
	Chinese				
	Please specify if other background				

#### Disability:

In order to know how you can best be supported to ensure you enjoy playing bowls please can you indicate if you have any long-standing illness or disability that affects you in any of the following ways. Please also include anything which may be attributed to old age (Please list all that apply):

None
Vision (for example, due to blindness or partial sight)
Hearing (for example, due to deafness or partial hearing)
<b>Mobility</b> (for example such as difficulty walking short distances, climbing stairs, lifting & carrying objects)
Learning or concentrating or remembering
Mental Health
Stamina or breathing difficulty
<b>Social or behavioural issues</b> (for example, due to neuro diverse conditions such as Autism, Attention Deficient or Aspergers' Syndrome)
Difficulty speaking or making yourself understood
Dexterity difficulties (for example difficulty lifting, grasping or holding objects)
Long-term pain or discomfort that is always present or reoccurs from time to time