



NEW MEMBER FORM

Name: _____

Date of Birth: _____

Club: _____

Telephone No: _____

Email Address: _____

BI Number: _____

Give full details of previous Badminton playing history, the Information should include previous Clubs, Competition results, previous Grades, dates etc.

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Are you an accomplished player in any other Sport? If so, please provide full details:

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This form is being solely used by Galway County Badminton Association to establish a playing grade for a new player to Galway. Please note that there are penalties in the Rules of the GCBA if false or misleading information has been given.

PLAYER'S SIGNATURE: _____

CLUB OFFICIAL SIGNATURE: _____

DATE: _____