CCFC DSA Membership Application

**2021 / 2022 Membership Form**

 **FREE FOR ALL AGES**

2021 *I* 22 Membership No: (CCFCDSA use only)

**(Adult/Child)** Delete as applicable please note if Child (under 18), a parent or guardian must sign

 Name: Tel No:

 Address Email

 CCFC Fan No:

 Post Code Mobility: Wheelchair / Ambulant / Carer (Delete as appropriate)

To allow Cardiff City Football Club Disabled Supporters Association (CCFCDSA] to be able to pass on your details on your behalf, please fill out the below form.

In order for us to disclose information to another party on your behalf, we must have your consent. The form should be signed by you. By completing the form below, you are giving CCFCSDSA permission

to use your information.

If you wish to cancel this arrangement, please contact CCFCDSA using the address at the end of document.

**YOUR DETAILS (B)** (Please repeal from above as the form goes to both the DSA and Cardiff City FC)

 Name Tel No:

Address E-Mail

 CCFC Fan No:

 Post Code Mobility: Wheelchair / Ambulant / Carer (Delete as appropriate)

I ……………………. Hereby authorise CCFCDSA to use my details with regards to (Please tick box)

□ CCFCDSA Communications □ Football Supporters Association

□ CAFÉ □ Cardiff City Football Club

**SECTION B - Consent**

Signed **Date**

Cardiff City Fan Number

If Under 18 Parent/ Guardian must sign

*\** CCFC - Any future transport / liaising with dub \*\*CAFE- Centre Accessibility for Football in Europe

**Any queries/ questions regarding CCDSA please contact Kieran Jones ccfcdsa@gmail.com or use our Twitter account @CCFCDSA**