



CCFC DSA Membership Application

2023 / 2024 Membership Form

FREE FOR ALL AGES

2023 / 24 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 / Other

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.

CARER DETAILS (If more than one carer please fill in details on separate form)

Name	Tel No:
Address	E-Mail
	CCFC Fan No:
Post Code	

SECTION B - Consent

I Hereby authorise CCFCDSA to use my details with regards to (Please tick box)	
<input type="checkbox"/> CCFCDSA Communications	<input type="checkbox"/> Football Supporters Association
<input type="checkbox"/> CAFÉ	<input type="checkbox"/> Cardiff City Football Club

Signed _____ Date _____

Cardiff City Fan Number _____

If Under 18 Parent/ Guardian must sign _____

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

Any queries/ questions regarding Membership please contact: The Secretary, Martin Davis via cfcdsa@gmail.com or use our Twitter account @CCFCDSA