



CCFC DSA Membership Application

2024 / 2025 Membership Form

FREE FOR ALL AGES

2024 / 25 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 _____

CARER (1) DETAILS

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

CARER (2) DETAILS (For additional Family members please put details on back of form)

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

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"/> Football Supporters Europe	<input type="checkbox"/> Cardiff City Football Club

Signed

Date

If Under 18 Parent/ Guardian must sign

* CCFC - Any future transport / liaising with club

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

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 above 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 above, you are giving CCFCSDSA permission to use your information. If you wish to cancel this arrangement, please contact CCFCDSA via ccfcdsa@gmail.com