



# CCFC DSA Membership Application

## 2025 / 2026 Membership Form

FREE FOR ALL AGES

2025 / 26 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"/> CCFC DSA 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 here: \_\_\_\_\_ Date: \_\_\_\_\_

\* CCFC - Any future transport / liaising with club

**Any queries/ questions regarding Membership please contact: The Secretary, via [ccfcdsa@gmail.com](mailto: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](mailto:ccfcdsa@gmail.com)