



## **MEMBERSHIP APPLICATION FORM**

Membership to Walsall FC Disabled Supporters Association is **FREE** for all applicants\*.

If you are filling in this form on behalf of someone else, please ensure you sign, print and date the application form where requested, or the application may not be accepted.

Please complete the application form **IN FULL** and return to:

**Walsall FC DSA, 10 Christine Close, Tipton, West Midlands, DY4 0DU.**

**FULL NAME :**

**DATE OF BIRTH:**

**DD / MM / YYYY**

**Members must be aged 18 years or over to vote in elections and other important DSA matters, or to stand for election to the DSA Management Committee in accordance with our Constitution.** We will only record the date of birth of applicants UNDER the age of 18, in order to determine eligibility to vote or stand for election. Dates of birth will be removed from our records once the applicant reaches the age of 18.

**POSTAL ADDRESS :**

**POST CODE :**

**EMAIL ADDRESS :**

Your email address will be used to contact you regarding important Walsall FC Disabled Supporters Association matters only, including general meeting notices and agendas, minutes of meetings, election notices, match day disability information etc. Email via our mailing list is our preferred method of communication. If you **DO NOT** wish to receive emails from us, please tick this box .

**Do you consider yourself to have a disability? (Please delete) :    Yes / No**

**If you answered 'Yes' above, what is the nature of your disability? (optional)**

Answering this question would help us to determine future projects, development and objectives, in order to help improve facilities and services available to disabled supporters.

**If you answered 'No' above, which of the following best describes you? (please tick)**

Care Provider  Family Member / Friend  Person with an interest in helping those with disabilities

