

## MEMBERSHIP FORM FOR ASD (ALDERSHOT SNOWSPORTS FOR THE DISABLED)

First Name <i>(please use capital letters)</i>	Last Name
Address	
Telephone	Mobile
Email <i>(where you wish all correspondence to be sent)</i>	Date of Birth
Emergency Contact Name	Telephone Number of Emergency Contact

### Annual Subscriptions for 2019/20 *(please tick the relevant box)*

Adult Individual member	£18	<input type="checkbox"/>	Family Membership	£23	<input type="checkbox"/>
			<i>(Please complete section 2 below)</i>		
Junior Member <i>(18 or under at last birthday)</i>	£10	<input type="checkbox"/>	Associate Membership	£5	<input type="checkbox"/>
			<i>(see ASD Constitution for full details)</i>		

### Method of Payment – Please pay by bank transfer to the **ASD** account

Sort code: 40-05-31 Account number: 51566040 using the reference “MEM” and your surname.

If you are unable to pay by bank transfer please post a cheque, payable to **Aldershot Snowsports for the Disabled**, to the address at the end of this form:

Please indicate your method of payment: Bank transfer:  Cheque:  Cash:

### Section 2 - For Family Membership only

Name of additional family member	Date of Birth
Email <i>(if different from above)</i>	Telephone <i>(if different from above)</i>
Name of additional family member	Date of Birth
Email <i>(if different from above)</i>	Telephone <i>(if different from above)</i>
Name of additional family member	Date of Birth
Email <i>(if different from above)</i>	Telephone <i>(if different from above)</i>

**Please complete consent declaration and sign over the page**

## **Data Processing, Photography and Code of Conduct Consents**

I consent to Aldershot Snowsports for the Disabled ("the Club") holding and using my medical and disability information for the purpose of the Club's activities. This information is maintained in the Club's records and is made available to Club members in their roles as Snowsport instructors and helpers.

If I act in the role of helper or instructor, I consent to the Club holding and using my Disclosure and Barring Service information for the purpose of providing adaptive Snowsports.

I understand I have the right to withdraw this consent by telling the Club's Membership Secretary and can ask for my information to be removed from the Club's records.

The Club's Privacy policy is available on our website: [www.asdaldershot.org/index.php/about/membership/](http://www.asdaldershot.org/index.php/about/membership/)

I agree to being included in ASD photographs, which may be used to promote the group.

I agree to adhere to ASD's Code of Conduct which can be found on the website:  
[www.asdaldershot.org/index.php/about/membership/](http://www.asdaldershot.org/index.php/about/membership/)

**Please tick this box to confirm your understanding and consent:**

Signature:

Date:

If you are signing as guardian: Name of Guardian:

Relationship to Member:

***Please email your completed form to: [TreasurerAsd@gmail.com](mailto:TreasurerAsd@gmail.com) or if unable to do so, post to:  
ASD Membership Secretary, 21 Marryat Rd, London SW19 5BB***