

# LEICESTER CITY DISABILITY SUPPORT ASSOCIATION

## RENEWAL APPLICATION FORM

<b>NAME:</b> Mr/Mrs/Miss/Ms
<b>ADDRESS:</b>
<b>ACCESS CARD ID. NUMBER:</b>
<b>DATE OF BIRTH:</b>
<b>EMAIL:</b>
<b>MOBILE TEL NUMBER:</b>
<b>NAME OF COMPANION/CARER:</b> Mr/Mrs/Miss/Ms.
<b>CARER CARD ID. NUMBER:</b> If issued previously.
<b><u>COMPANION/CARER DETAILS ;</u></b> <b>EMAIL:</b> <b>MOBILE TEL NUMBER:</b> <b>RELATIONSHIP TO MEMBER:</b> <b>ADDRESS:</b>
<b>DO YOU USE ANY MOBILITY AIDS?</b> Please specify:
<b>HAS YOUR CONDITION OR YOUR BENEFITS CHANGED, OR EXPIRED, IN THE LAST THREE YEARS?</b> YES/NO If YES please specify below and enclose a <b>copy</b> of your new entitlement or proof of disability.
<b>PLEASE TICK IF YOU HAVE THE FOLLOWING ITEMS:</b> <b>DSA BADGE [ ] DSA SCARF [ ] DSA PICNIC STYLE FOLDING BLANKET [ ]</b> <b>DSA WATERPROOF PONCHO [ ]</b>

P.T.O.

I WISH TO RENEW MY MEMBERSHIP AND ENCLOSE PAYMENT OF £25. [ ]

I AM HAPPY TO KEEP USING MY EXISTING PHOTO. [ ]

I WOULD LIKE TO USE THE PHOTO ENCLOSED. [ ]

I ALSO WISH TO RENEW MY CARERS CARD AND ENCLOSE AN ADDITIONAL FEE OF £7.50 [ ]

MY CARER IS HAPPY TO USE THEIR EXISTING PHOTO. [ ]

MY CARER WOULD LIKE TO USE THE PHOTO ENCLOSED. [ ]

I WISH TO APPLY FOR A NEW CARERS CARD & ENCLOSE A PHOTO AND AN ADDITIONAL FEE OF £7.50 [ ]

TOTAL ENCLOSED {£ }

Please submit your payment, ideally by Bank Transfer, to; 'LEICESTER CITY FC. DISABLED SUPPORTERS ASSOCIATION'

Sort Code: 40-32-04

Account Number; 51775138

Reference: (Members name)

Or enclose a cheque made payable as above.

Unfortunately, due to Covid, we cannot accept any cash payments.

**Please write the name on the back of any photo's enclosed.**

I confirm that all the information given above is correct and that if there are any changes to my details or circumstances I will inform the LCFCDSA Membership Secretary at; [lcfcdsa@gmail.com](mailto:lcfcdsa@gmail.com) or by telephone to **07946 750063**, or by text to **07762 225019**.

I also consent to LCFCDSA holding my personal data solely for the benefits of membership and contacting me by email, text, phone or letter only in relation to Association business. (Required)

I also give my consent to the DSA using my image and name for promoting the DSA on its Social Media and Website pages. (Optional, please tick) [ ]

SIGNED OR SIGNED ON BEHALF: -----

PRINT NAME:----- DATE:-----

Please return this form, together with your cheque and photo(s) as appropriate to; 'LCFCDSA' Secretary, 32 High Street, Desford, Leics. LE9 9JF'