



# Adult Membership Application Form

**Surname** .....

**First Name** .....

**Address** .....

.....

**Post Code** ..... **DOB:** .....

**Email** .....

**Telephone** .....



**TICKET TYPE**

**Supporter**

**Male player**

**Ladies player**

**METHOD OF PAYMENT**

**Committee**  **Cash:**

**Coach**  **Cheque:**

**NOTES**

- Unless the renewal of membership is made by the 30th September in each year the membership and all benefits ceases
- Contact details should be kept up to date with the Club in order for you to receive official correspondence
- By signing this request for membership you agree to abide by all the rules of the Club
- The club reserves the right to reject an application without reason
- Membership benefits are not valid without a membership card
- If you lose your membership card & need a replacement there is a £1 admin charge
- You agree for the Club to store your details in line with our Privacy Notice (viewable on [www.aberdaretownfc.co.uk](http://www.aberdaretownfc.co.uk))

If you don't wish to receive email correspondence from the Club in regards to publications, offers and events please opt out by ticking this box

**Signed** ..... **Date** ..... / ..... / .....

Please return completed form along with the correct remittance to the membership secretary



**Club Use Only**

**Membership Number** ..... **Season** .....

**Date added to register** ..... **Authorised by** .....