

To become a member of the BDSA, please complete this membership form and return by following the instructions on the previous page. Please note, if you are under the age of 16 this must be completed by a Parent/Carer/Guardian.

Type of Membership	Junior		Adult	
Title				
Full Name				
DOB				
Address				
Telephone Number				
Email Address				
Preferred Contact Method	Email		Phone	

Do you have a Disability?	Yes		No		Prefer Not to Say	
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If you answered 'No' to the 'Do you have a Disability' question, are you one of the following...					
Parent / Guardian		Personal Assistant		Interested in the Disability Sector	

If you answered 'Yes' to the 'Do you have a Disability' question, please indicate your disability... <i>(Completing this section is optional, but it will help us to understand your individual needs)</i>			
Wheelchair User		Ambulant	
Visually Impaired		Hearing Impaired	
Learning Disability		Other <i>(please specify)</i>	

Any personal data that you provide will be held by the BDSA and BFC and used to contact you in relation to BDSA activities only. Your details will not be passed on to a third party without your permission. Please sign and date below to confirm you have read this information.			
If you would like to receive communication from the BDSA please tick this box.			
Signed		Date	