



PARA SNOW SPORTS WALES
CHWARAEON EIRA PARA CYMRU

Application for Membership

Charity No. 1191559

Please complete all sections of this application form using BLOCK CAPITALS and return with the appropriate subscription and together with the Standing Order mandate form duly completed to:

Jackie Stockton , Membership Secretary, 112 Maenan Road, Llandudno, LL30 1ND

Subscription Rates:	*Individuals (18+)	£25.00 pa
	*Full time students	£15.00 pa
	*Children (Under 18)	£15.00 pa
	*Family (Up to 4 members)	£35.00 pa
	(£5.00 pa for each additional family member)	
	* delete as appropriate	

TitleForenames.....Surname.....

Address.....

.....

Postcode.....Date of Birth.....

Tel Nos: Home:.....Mobile:.....

Work:.....Occupation.....

E-mail.....

Skiing Level:	Novice	Beginner
	Intermediate	Advance

Please give a brief description of any disability (include severity, mobility and medication required, in confidence):

Type of Membership: Skier with Disability / Guide / Helper / Supporter / Other
(please delete as appropriate)

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Family Membership Details

(Parents and Siblings only)

Name

1 - TitleForenames.....Surname.....

Date of Birth..... Occupation.....

Type of Membership: Skier with Disability / Guide / Helper / Supporter / Other
(please delete as appropriate)

Skiing Level: Novice Beginner
 Intermediate Advance

Please give a brief description of any disability
(include details of severity, mobility and medication- in confidence)

Name

2 - TitleForenames.....Surname.....

Date of Birth..... Occupation.....

Type of Membership: Skier with Disability / Guide / Helper / Supporter / Other
(please delete as appropriate)

Skiing Level:

Novice

Beginner

Intermediate

Advance

Please give a brief description of any disability
(include details of severity, mobility and medication- in confidence)

Family Membership Details

(Parents and Siblings only)

Name

3 - TitleForenames.....Surname.....

Date of Birth..... Occupation.....

Type of Membership:

Skier with Disability / Guide / Helper / Supporter / Other
(please delete as appropriate)

Skiing Level:

Novice

Beginner

Intermediate

Advance

Please give a brief description of any disability
(include details of severity, mobility and medication - in confidence)

Please use a separate sheet for further details

Artificial Ski Slope(s) which you do/might attend:

.....

If you object to DSW holding your membership details on computer please place a ✓ here:.....

If you would like information regarding Training to become a DSW Guide place a ✓ here:.....

Additional information for Family Membership applications should be completed on a separate sheet.

Personal disclosure of all members working or in contact with children, young people and adults with diminished responsibility.

If your application for membership is as a Guide or Helper, Disability Skiing Wales has a Welfare Protection Policy and requires that you agree to a Criminal Bureau Record Disclosure by signing here to indicate your willingness for this search to take place. Once membership formalities are completed forms to obtain this check will be sent to you by our CRB Monitoring Officer

Name:..... Signature:.....

Declaration

I/we apply for individual/family/student membership of Disability Skiing Wales and agree to abide by the rules of the organisation.

I/we enclose a cheque (made payable to Disability Skiing Wales) for the sum of £..... **For my immediate subscriptions.**

I/we enclose the Standing Order form duly completed **for all future subscriptions.**

I hereby agree to adhere to the principles and policies of Disability Skiing Wales

Signature:..... Date:.....