

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)

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:.....