



**APPLICATION
FOR
MEMBERSHIP**

Name(s): _____

Address: _____

Post Code: _____

E-Mail address: _____

Telephone: Home/Work/Mobile: _____

Date of Birth: _____

New Membership, or Membership Renewal? **New / Renewal** Please circle as appropriate

Standard Membership – Adult (£5) () Junior (£2) () Please tick as appropriate

I wish to apply for standard membership of the Swansea City AFC DSA for the current membership year. Membership applies from 01 September, to 31 August the next year.

Payment of £ _____ enclosed.

(Please make cheques/postal orders payable to “**SCAFC DSA**”)

NB. I understand that if payment of more than the appropriate membership fee is enclosed, the excess will be treated as a donation and deposited into the DSA's Funds, for which we thank you.

Signed _____ Date _____

Please send the completed form (with payment) to:

Gill Rees, SCAFC DSA, c/o Liberty Stadium, Landore, Swansea. SA1 2FA.

The DSA can be contacted by e mail via secswandsa@gmail.com.