

# LEICESTER CITY DISABILITY SUPPORT ASSOCIATION



## MEMBERSHIP RENEWAL/NEW MEMBERSHIP 1/1/2019 to 31/1/2021

### IMPORTANT DOCUMENTS THAT REQUIRE YOUR URGENT ATTENTION

Dear Supporter

As you may already know, at the 2017 AGM it was approved to change our membership to a **three year membership** commencing from the 1st of January 2018. This includes the added free benefit of joining the national Access Card scheme run by CredAbility.

The cost of this was agreed at **£20** total for up to **2** years membership.

We hope you will continue to give us your continued support by renewing or becoming a new member of your Club's DSA with all the added benefits that this brings. See website for full details. ([www.leicestercitydsa.com](http://www.leicestercitydsa.com))

Membership of the Leicester City FC Disability Support Association is open to all disabled supporters and includes one free companion as an associate member. Children under the age of 18 may have two free companions.

**The named companion may also purchase a LCFC DSA CredAbility Carers card at a special discounted cost of £7.50.** This card is recognised internationally as an official Carers Card which gives free or discounted access to many attractions and events when accompanying a disabled person. (Purchase of the Carers Card is not essential for membership of LCFC DSA.)

It is essential that all the enclosed forms are fully completed in **BLOCK CAPITALS** and in black ink and that all required documents, photo and payment are enclosed when making your application.

From January 2018 all general communication with members will be by email, text or via website and social media. It is essential that all members supply an email address and/or mobile phone number. This can be a friend or relative's contact details who can pass on information to members.

Please return your completed application as soon as possible and definitely no later than 31<sup>st</sup> December 2017 to be entered in to the 2018 Prize Draw. All applications received after this date will only qualify for the 2019 and 2020 Prize Draws.

Kind regards

**The DSA Committee.**

**DECLARATION OF DISABILITY**

L.C.F.C. DISABILITY SUPPORT ASSOCIATION MEMBERSHIP APPLICATION FORM

2019/2020

SURNAME:

MR/MRS/MS/MISS

FIRST NAME (S):

KNOWN AS (IF DIFFERENT)

IF APPLYING FOR A CHILD UNDER 18 A PARENT OR GUARDIAN MAY COMPLETE AND SIGN BELOW

Please tick below

Do you receive Disability Living Allowance .....

Do you receive a PIP (Personal Independence Payment) -----

Do you receive War Pensioners Disablement Benefit .....

Do you receive Severe Disablement Allowance or Employment Support Allowance? .....

Do you receive Attendance Allowance? .....

Are you Registered Blind/Visually Impaired? .....

Do you have a Blue Badge Parking Permit -----

Other ( Please specify) \_\_\_\_\_ -----

**\*\*\*Please supply a photocopy of the relevant proof \*\*\***

**\*\*\*ONLY ONE FORM OF PROOF NEEDED.\*\*\* All copies will be destroyed after processing.**

Do you occupy/need a wheelchair space at the King Power Stadium? .....

IF NOT, Do you use any mobility aids i.e Wheelchair/Sticks/Crutches? Please state .....

Do you attend with a companion/helper? .....

If YES, is your companion/helper able bodied? .....

I enclose a cheque for my joining fee of £20. -----

I have submitted my joining fee of £20 by bank transfer. -----

I have also enclosed/transferred an additional fee of £7.50 for my companions Carer Card. -----

I declare that the information given is correct, and if there are any changes in my details or circumstances, I will inform the DSA Membership Secretary at: [lcfdsa@gmail.com](mailto:lcfdsa@gmail.com) or tel 07946750063.

I also consent to the LCFC DSA holding my personal data solely for the benefits of membership and contacting me by email, letter, phone or social media for all Association related matters. I also agree that the DSA may use my data for the purpose of promoting the DSA on it's social media pages and website. (but will never reveal my age, contact details, or medical and social records.)

SIGNED or SIGNED ON BEHALF: -----

PRINT NAME ----- DATE -----

**ALL APPLICANTS MUST COMPLETE AND RETURN THIS PAGE.**

## COMPANION DETAILS FORM

(ONLY COMPLETE IF YOU ARE NOT COMPLETING THE CARERS APPLICATION FORM)

### 1<sup>ST</sup> COMPANION/HELPER

SURNAME:	MR/MRS/MS/MISS
FIRST NAME (S):	KNOWN AS (IF DIFF)
ADDRESS	
	POST CODE:
HOME TEL NUMBER:	MOBILE:
EMAIL ADDRESS:	
DATE OF BIRTH:	
RELATIONSHIP TO DISABILITY MEMBER:	









### 2<sup>ND</sup> COMPANION/HELPER

SURNAME:	MR/MRS/MS/MISS
FIRST NAME (S):	KNOWN AS (IF DIFF)
ADDRESS	
	POST CODE:
HOME TEL NUMBER:	MOBILE:
EMAIL ADDRESS:	
DATE OF BIRTH:	
RELATIONSHIP TO DISABILITY MEMBER:	

**PLEASE ONLY COMPLETE THIS PAGE IF A CARER CARD IS NOT REQUIRED  
AND/OR YOU WISH TO LIST A SECOND COMPANION.**

# NOTES

**A Copy of Proof of disability is required.** Even if you have submitted a proof previously. This can include any of the following or another recognised proof under the Equality Act.

-  Enhanced Personal Independent Payment (PIP) for mobility **OR** Standard or Enhanced PIP for daily living.
-  Designated a member of the “Support Group” under the Employment & Support Allowance (ESA) scheme.
-  Disability Living Allowance (DLA) at Middle or Higher Rate
-  Attendance Allowance
-  Severe Disablement Allowance
-  War Disablement Pension
-  Blind Registration
-  Blue Badge Parking Permit

**One new colour passport style photo is required.** This can be sent by email or hard copy. If sending a hard copy please write your name on the back.

On the Access Card Application Form please select the icons that you require on your card to show the help you need.

For any Mental Health issues please select the exclamation mark symbol.

Only complete your LCFDSA Membership number if you were a 2017 member, otherwise leave blank.

**Please only complete the Carers Card Application form if you require a Carers Card and have paid the additional £7.50 fee. Enclose or send a colour passport style photo of your Companion, with their name printed on the back.**

If you **do not** require a Carers Card please complete your Companions details above.

Please send a CHEQUE made payable to LCFC DSA **OR** Please pay by bank transfer using the following account: Sort Code 403204 Account Number 51775138

Please fill in your name as the reference for the payment.

Please **DON'T SEND CASH** through the post. We are unable to accept liability if it goes missing in the post.

Receipts will be sent by text or email where possible. Paper receipts will be given on request to those without electronic contact.

**We can only process your application when all the relevant information, photos and payment have been received.**

## CHECKLIST

- COMPLETE AND ENCLOSE THE DECLARATION OF DISABILITY PAGE ----
- COMPLETE AND ENCLOSE THE LCFCD SA APPLICATION FORM ----
- COMPLETE AND ENCLOSE THE LCFCD SA CARER APPLICATION FORM----
- **OR** COMPLETE AND ENCLOSE THE COMPANION DETAILS FORM ----
- ENCLOSE A CHEQUE PAYABLE TO 'LCFCDSA' FOR £20 ----
- **OR** ENCLOSE A CHEQUE TO 'LCFCDSA' FOR £27.50 (WHEN PURCHASING A COMPANIONS CARER CARD) ----
- **OR** CARRY OUT A BANK TRANSFER TO LCFCD SA AT BANK SORT CODE **40-32-04** ACCOUNT NUMBER **51775138** REFERENCE **YOUR NAME**---
- ENCLOSE A COLOUR PASSPORT STYLE PHOTO OF YOURSELF WITH YOUR NAME ON THE BACK ----
- ENCLOSE A COLOUR PASSPORT STYLE PHOTO OF YOUR COMPANION WITH THEIR NAME ON THE BACK (ONLY IF A CARERS CARD IS APPLIED FOR) ----
- **OR** EMAIL A .JPG IMAGE (PHOTO) OF YOURSELF AND YOUR COMPANION WITH NAMES TO [lcfcdsa@gmail.com](mailto:lcfcdsa@gmail.com) ----
- ENCLOSE A **COPY** OF YOUR PROOF OF DISABILITY ----
- **POST** ALL FORMS/PHOTOS/PHOTOCOPIES/CHEQUES TO: LCFCD SA MEMBERSHIP SECRETARY, 32 HIGH STREET, DESFORD, LEICS. LE9 9JF ----