

LEICESTER CITY DISABILITY SUPPORT ASSOCIATION



NEW MEMBERSHIP 31/1/2022 to 31/1/2024

IMPORTANT DOCUMENTS THAT REQUIRE YOUR URGENT ATTENTION

Dear Supporter

Please find enclosed your new application forms.

We really value your membership and continued support of our DSA and the more members we have the stronger our voice is with the management at LCFC.

We intend to continue with the National Accessibility Card scheme, run by Credability, to provide our branded membership cards and include their associated benefits to our members.

In view of the Coronavirus pandemic we realise that it has not been possible to provide all of the benefits we would have liked to during the last year, although behind the scenes work has gone on and we have continued to represent you through regular zoom meetings with the club.

Our renewal fee up for membership until Jan 2024 years is £15.

We hope you will continue to give us your continued support by renewing now (or becoming a new member of your Club's DSA) with all the added benefits that this brings. See website for full details. (www.lcfcdsa.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 and Companion Card which gives free or discounted access to many attractions and events when accompanying a disabled person. (Purchase of the additional Carers Card is not essential for membership of LCFC DSA but will confer voting rights to the carer. and other benefits as may be agreed at a future date.)

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 2020 it was agreed that 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 1st April 2022 if you wish to be entered in to the 2022 Prize Draw. All applications received after this date will only qualify for the 2023 Prize Draw.

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

Date of Birth:

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?

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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 stat _____

Do you attend with a companion/carer? _____

If YES, is your companion/carer able bodied? _____

I enclose a cheque for my joining fee of £15. _____

I have submitted my joining fee of £15 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: lfcdsa@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, text or phone or by social media for all Association related matters. I also agree that the DSA may use my image or 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 _____

EMAIL ADDRESS _____ MOBILE No. _____

ALL APPLICANTS MUST COMPLETE AND RETURN THIS PAGE.

COMPANION/CARER DETAILS FORM

1ST COMPANION/CARER

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:	









2ND COMPANION/CARER

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 LCFCDSA 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 Leicester City FC Disabled Supporters Association **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 LCFCDSA APPLICATION FORM ----
- COMPLETE AND ENCLOSE THE LCFCDSA CARER APPLICATION FORM----
- **OR** COMPLETE AND ENCLOSE THE COMPANION DETAILS FORM ----
- ENCLOSE A CHEQUE PAYABLE TO 'LCFCDSA' FOR £15 ----
- **OR** ENCLOSE A CHEQUE TO 'LCFCDSA' FOR £22.50 (WHEN PURCHASING A COMPANIONS CARER CARD) ----
- **OR** CARRY OUT A BANK TRANSFER TO **Leicester City FC Disabled Supporters Association** 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 lfcdsa@gmail.com ----
- ENCLOSE A **COPY** OF YOUR PROOF OF DISABILITY ----
- **POST** ALL FORMS/PHOTOS/PHOTOCOPIES/CHEQUES TO: LCFCDSA MEMBERSHIP SECRETARY, 32 HIGH STREET, DESFORD, LEICS. LE9 9JF ----