



APPLICATION FOR NEW SSCD MEMBERSHIP

Club year: 1st September to 31st August

Return all forms to the SSCD Club Secretary by email to; Patricia@fxs.co.uk

Subscription Rates: **Please tick which membership type required**

Individual Membership £30.00	<input type="checkbox"/>
* Family Membership £40.00	<input type="checkbox"/>
Affiliated Clubs / Organisations (up to 18 years) £60.00	<input type="checkbox"/>
Affiliated Clubs / Organisations (over 18 years) £80.00	<input type="checkbox"/>

I / We hereby declare that I have paid for membership by bank transfer for the amount £

DETAILS OF APPLICANT (main)				
Title:	First Name:	Surname:	Date of Birth: *Required	
Postal Address:			Ethnic Group: *Required	
Other Details required	Occupation:	Work / Mobile/ Other:	Email:	
DISABILITY of Skier				
Please select Membership participation for main applicant	<input type="radio"/> Disabled Skier	<input type="radio"/> SSCD Guide	<input type="radio"/> Volunteer	<input type="radio"/> Parent/ Spectator Only
Skiing Experience	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Ski Instructor

Declaration: (please tick the appropriate boxes)

I / We hereby agree to adhere to the principles and policies adopted by SSCD.

I / We agree to SSCD using photographs / images for promotional purposes.

I / We object to SSCD holding my membership details on computer unless used for administrative purposes only

I / We hereby declare that I have a valid ² DBS Certificate. My DBS certificate number is: C _____ (this is your Correspondence DBS Number sent you)

Please tick here if you would like information about training to become a SSCD Guide

Date: _____ Signature: _____ Print Name: _____

- NOTES * **Family & Affiliated Membership applications, please complete additional Details Overleaf**
- 1 Please give brief details of skiing experience.
 - 2 Valid DBS Certificates must NOT BE more than three years old and through Snowsport England

FOR OFFICIAL USE: Membership No: _____ Ski type: _____ Card/Newsletter Sent _____
 SSCD will carry out CRB checks inline with its current policies and practices adopted and will hold information for administrative purposes only.

Family Person One: ** family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Two: **family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth: (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Three: ** family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth: (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Four: * family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth: (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

AFFILIATED MEMBER DETAILS: (to be completed by affiliate organisations only).			
NAME OF CLUB / SCHOOL / ORGANISATION: _____ CONTACT NAME: _____ Tel : _____			
PLEASE INDICATE APPROXIMATELY HOW MANY PEOPLE WILL BE ACTIVE WITHIN THIS MEMBERSHIP: _____			
PLEASE TICK SKIERS AGE RANGE: [] 18 AND UNDER [] 18 AND OVER Ethnicity of group: [] white [] Black or other [] Asian or Other			