

Slough Town Supporters Trust

www.sloughtownsupporters trust.co.uk

Investing in the Future of Football in the Community

Members of Supporters Direct
And
The Football Supporters Federation

Application for Membership

Please print and return the form on a matchday or by post to: 216 Scafell Road, Slough, SL2 1TZ

Name: _____ Date: _____
Address: _____ Email: _____

Tel. Nr. _____

Postcode: _____

Full Membership (16 and over)

Please include your membership fee for the next season.

Please **tick** or complete "Other" box.

£10 (minimum)

Other (state Amount) £ _____

Note:* one junior member free, when signing up with an adult family member.

Junior Membership (Under 16)

Junior membership is FREE for a junior signed up at the same time as an adult family member*

Please provide the name and date of birth of the junior member you wish to enrol.

Name: _____

Date of Birth: _____

The cost for additional junior members is £5 per member for one season.

Please use an additional Application form for additional members

Please make all cheques payable to: S.T.S.A. Ltd
Please do not send cash by post

Optional Monthly Donation

Regular contributions will really help us to make plans for the future, if you are able to make a monthly donation to the Trust complete this section.

Please make a monthly payment on the 1st of each calendar month to:-

"The Slough Town Supporters Association"

Account nr:- 331184021 Sort Code:- 20-78-58

until further notice.

Please tick box:

£5 £10
£20 Other £

Bank Name: _____

Bank Address: _____

Account Name: _____

Sort Code: _____

Account Number: _____

Start Date: { 1/mm/yy} _____

Signed: _____

Our Ref:

Donation

PLEASE COMPLETE THE PRIVACY PAGE OVERLEAF

Privacy

Slough Town Supporters Trust take your privacy seriously and will only use your personal information to administer your request for membership and to provide/inform you of any products or services available from the Trust

However, from time to time we would like to contact you with details of other offers and events that the Trust may be providing or organising. If you consent to us contacting you for this purpose **please tick** to say how you would like us to contact you:

(More than one selection can be made)

Post:

Email:

Telephone:

We would also like to pass your details onto Slough Town Football Club so that they can contact you by the routes above with details of upcoming matches and other events that they may be organising. If you consent to us passing on your details for that purpose please tick to confirm:

I Agree **(please tick)**

Signature: _____

Date: _____

In the case of junior members (under 16) independently applying for membership a signature of authorisation is required by the Parent or Guardian

Signature: _____
Parent/Guardian

Date: _____

A copy of the Trust's Data Protection Policy and Notice 2018 is available upon request.

Please send your request to the Data Protection Officer at 216 Scaffell Road Slough Berks SL2 1TZ