

JOIN OUR TEAM MEMBERSHIP FORM SEASON 2018/19



BRITISH
WHEELCHAIR
BASKETBALL

Please return to either your club contact or to **BWB, Sport Park, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF** or email: Membership@britishwheelchairbasketball.co.uk

TELL US ABOUT YOU

| | | |
|--|----------------|---------------------|
| Title | First Name | Surname/Family Name |
| Home Address | | |
| | | |
| | | Postcode |
| Date of Birth | Place of Birth | Nationality |
| Email | Home Telephone | Mobile Telephone |
| Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/> | | |

YOU AND YOUR MEMBERSHIP

Member status (please tick) New Renewal

Main Club _____

Disability _____ Classification (please tick) 1 1.5 2 2.5 3 3.5 4 4.5 5

Photo supplied (please tick) Yes (compulsory for new members) No

WHERE DO YOU PLAY AND MEMBERSHIP FEES

| LEAGUE | TEAM (PLEASE LIST TEAM NAME) | COST |
|-------------------|------------------------------|-------------------------|
| National League | | £30/£20 |
| Women's League | | £30/£20 |
| Junior League | | £15/£10 |
| Playing Coach | | £10 (£10 for DBS check) |
| Non-Playing Coach | | £30 (£10 for DBS check) |

| CATEGORY | COST (SNR/JNR) | YES OR NO | LEVEL |
|---------------------------------|----------------|-----------|-------|
| Team Follower | £30/£15 | | |
| Individual Member (non-playing) | £30/£15 | | |
| Referee | £20/£20 | | |
| Table Official | £5/£5 | | |
| Recreational Member | Free | | |
| Statistician | Free | | |
| Classifier | Free | | |

If you are a referee/table official/statistician/classifier please tick here if you are happy for your contact information to be shared with clubs

JOIN OUR TEAM MEMBERSHIP FORM SEASON 2018/19



BRITISH
WHEELCHAIR
BASKETBALL

Keeping you Updated

Our members' privacy is important to us, so we'll always keep your details secure and never use them for marketing communications that you haven't agreed to receive. Our sport is incredible and we'd love to keep in touch about what's happening in the world of British Wheelchair Basketball. If you choose to hear from us we will only send you information relevant to you and the sport you love. This might be member newsletter, upcoming events and excellent exclusive member discount offers.

Keep me updated by: **Email** Yes No

Your Information (Data Protection)

As a member of British Wheelchair Basketball your data will solely be processed and used to enable the running and administration of the sport as outlined in the BWB Member Privacy Notice.

- This will include the use of your name, licence number, photo and classification on British Wheelchair Basketball licence cards. These cards are shared with your identified club contact and game officials.
- These details may also be used in the delivery of the British Wheelchair Basketball leagues and competitions which will include public team sheets, online playing statistics information and live streamed broadcast.
- Your data will also be used to communicate any fundamental changes or information which directly impacts your membership or the league in which you play – this communication will be by email and via your identified 'Club Contact'.

Photography and Filming Notice

Photography and filming will be taken at British Wheelchair Basketball organised events and will be used by British Wheelchair Basketball and its partners for the positive promotion and marketing of the sport.

Anti-Doping

This membership form commits members over the age of 16 to the anti-doping code and policy of British Wheelchair Basketball.

By signing this form you are agreeing that the information provided is correct and to abide by British Wheelchair Basketball's codes of conduct; regulations, policies and rules during the 2018/19 season.

Signature _____ Date _____

Parental/Guardian signature (U18 members only & print name) _____

GIFT AID

As a registered charity British Wheelchair Basketball is able to treat the subscription as a donation, and reclaim the notional tax under Gift Aid. If you are a UK Tax Payer and would like to Gift Aid your subscription please complete the below form:

Name (full name of donor) _____

Address (inc postcode) _____

I am a UK Tax Payer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature (of donor)* _____ Date _____

*Gift aid only

| |
|--|
| OFFICE USE ONLY |
| ADV: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Charity number: 1144808

Supported by:

