



Saints Disabled Supporters' Association

Patron: The Right Worshipful the Mayor of Southampton

Ambassador: Francis (Franny) Benali

SDSA Membership Form

Please return your completed form to
SDSA Secretary, 120 Stannington Crescent, Totton, SO40 3QD

I wish to become a member of the Saints Disabled Supporters Association (SDSA).

Name: _____

Address: _____

Post Code: _____

Email Address: _____

Telephone No.: _____

Date of Birth: ____/____/____

Sex: Male / Female

Preferred method of the SDSA contacting you: Email / Post

Membership Type: Full / Under 16 (Under 16 membership does not entitle you to a vote)

Season Ticket Holder: Yes / No

Stand You Sit In: Itchen / Chapel / Kingsland / Northam / Corporate Box / Various

Signature:

Date:

Note: By completing and submitting this membership form you agree to your details being held by the SDSA for the purposes of administering membership, and advising you of forthcoming events and offers arranged by the SDSA. Your details will only be held while you are a member of the SDSA and will not be passed to any 3rd party agencies.