

## **Burnley FC's Disabled Supporters Association (BDSA)**

### **Mission**

The Burnley FC Disabled Supporters Association (BDSA) promotes a positive, equal and inclusive experience for all disabled supporters.

### **Objectives**

The BDSA Aims:

1. To promote the interest of BDSA members.
2. To maintain a first-class working relationship with Burnley Football Club
3. To work with other disability organisations to enhance the ability of their members to support Burnley Football Club
4. To work closely with other football clubs and their DSA's to share and develop best practice both within Burnley FC and across the country

### **Would you like to join?**

The BDSA welcomes new members that have either a disability themselves or have an invested interest within the disability sector and a passion for Burnley Football Club. To join, **please complete the attached application form and return to Turf Moor - FOA Lewis Rimmer, or alternatively e-mail a copy of the form to Carol White (Membership Secretary) on [officedoris@me.com](mailto:officedoris@me.com)**

**The form can also be downloaded by following the link below:**

<https://www.burnleyfootballclub.com/fans/disabled-supporters/>

If you have any questions, please email – [chairman.BDSA@gmail.com](mailto:chairman.BDSA@gmail.com)

**Burnley FC Disabled Supporters Association (BDSA) – Membership Application**  
*(Please Use Block Capitals)*

To become a member of the BDSA, please complete this membership form and return by following the instructions on the previous page. Please note, if you are under the age of 16 this must be completed by a Parent/Carer/Guardian.

Type of Membership	Junior		Adult	
Title				
Full Name				
DOB				
Address				
	Post Code:			
Telephone Number				
Email Address				
Preferred Contact Method	Email		Phone	

Do you have a Disability?	Yes		No		Prefer Not to Say	
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If you answered 'No' to the 'Do you have a Disability' question, are you one of the following...

Parent / Guardian		Personal Assistant		Interested in the Disability Sector	
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If you answered 'Yes' to the 'Do you have a Disability' question, please indicate your disability...  
*(Completing this section is optional, but it will help us to understand your individual needs)*

Wheelchair User		Ambulant	
Visually Impaired		Hearing Impaired	
Learning Disability		Other <i>(please specify)</i>	

Any personal data that you provide will be held by the BDSA and BFC and used to contact you in relation to BDSA activities only. Your details will not be passed on to a third party without your permission. Please sign and date below to confirm you have read this information.

If you would like to receive communication from the BDSA please tick this box.

Signed		Date	
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