** MEMBERSHIP APPLICATION FORM 2022/23.**

*For the full terms and conditions of Crawley Town Supporters Society Limited (trading as* ***Crawley Town Supporters Alliance****) please contact Membership@*[*ctfcsa.co.uk*](http://ctfcsa.co.uk) *or visit our website* [***www.ctfcsa.co.uk***](http://www.ctfcsa.co.uk)***.***

*Please complete all sections of the form in* ***BLOCK CAPITALS*** *and email it to Membership@ctfcsa.co.uk*

***Note: All members MUST complete an Application Form.***

|  A: MAIN APPLICANT INFORMATION: |
| --- |

| Surname: |  | First Name: |  |
| --- | --- | --- | --- |
|  |
| Address  |  |
|  |
|  |  |
|  |
| Post Code: |  | Contact Tel No:(Mobile no. preferred) |  |

**Note: If you have an email address, please print it carefully below. This will be used as the preferred form of contact from the Alliance**.

| Email address: |  |
| --- | --- |

| B: MEMBERSHIP TYPE:  |
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|  |
| **Membership** (Individual) – **FREE for Reds Rollover members, all other supporters £10.00for an adult and £5 for an Under 16.** For season 2022/2023, **CTSA Membership** will be one price for every supporter, if you don’t have a Season Ticket or have not joined Reds Rollover.**Only over 16s have voting rights with their membership.** |
|  |

| C: PAYMENT DETAILS: |
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***Please use the following details when transferring money to “Crawley Town Supporters Society”***

TSB Bank
**Sort code:** 30-64-12
**Account:** 17490960

**C**

**Via PayPal – Email address:** Membership@ctfcsa.co.uk

| D: DECLARATION: |
| --- |

I wish to become a member of ***Crawley Town Supporters Alliance*** in accordance with its rules.

| Signed:  |  | Date: |  |
| --- | --- | --- | --- |

Your address, email and phone number will not be passed to any other organisation or individuals. From time to time with your permission we would like to send you information regarding CTSA and Crawley Town Football Club.

To help comply with GDPR consent requirements, we need to confirm that you would like to receive emails from us.

**If you don’t want to receive this information, please tick the box** 

| *E: OFFICIAL USE ONLY:* |
| --- |
|  *Date Application Received:* |  | *Membership Number:* |  | ***Membership verified & Issued By:*** |
|  |
|  |  |  |  |  |