## **Membership Form**



## **Personal Information**

Please print your answers in BLOCK CAPS using INK.

Ful	lΝ	am	ne (	pleas	se les	ave a	a spa	ice b	etw	een	forer	name	and	sur	nam	e)									
Dat	- C	of I	⊥ Rirt	h (	חח	/ N// N	M/Y		ν)																
		]/			/		· ., .	i	·,																
Pho		] <b>′</b> . NI	L_	L bor	' L																				
	אווכ	; IN	um	Dei							]														
		_	<u> </u>																						
Em	aıl	Ac	Idre	ess																		$\overline{}$			Г
Par	en	t's	Em	nail	Ad	dre	ess																		_
House Number, Street Name												Post Code													
Tov	Town (										Co	County													
Cal															_										
Sch	100	ווס	lam	ie																		Т	$\overline{}$	Π	Г
																						$\bot$			
Ger	nde	er (t	ick o	ne)																					
		]	Mal	e					] [	-er	nal	е					P	ref	er	not	to	sa	.y		
qu	al	it	y,	Di	VE	ers	sit	y,	aı	nd	l	10	lu	si	on	Ir	nf	or	m	at	io	n			
ease	ens	sure	e yo	u tio	ck o	ne	box	pe	r qu	est	ion.														
Wha	at i	s v	our	eth	nnic	gre	guo	? T	ick	on	e.														
		_		e So																					
				e ot			itis	h																	
				e ot				ماءا		Λ.		D#:	ما داند												
				ı, As an,					-						an										
				bea					· · · ·	,	٥.			0	٠										
				d or				eth	nnic	or	igin														
				r no				- (			_4_	4 - I													
				r et							sta	te t	beic	)W)											
Are	yo			ried							rsh	ip?	Tic	k o	ne.										
		□ M	arr	ied	or i	in a	civ	il p	art	ner	shi	p													
				mar				ас	ivil	pa	rtne	ersh	nip												
		] P	rete	er n	ot t	:0 S	ay																		

How would you describe your sexual orientation? Tick one. ☐ Straight/Heterosexual ☐ Gay or Lesbian □ Bisexual ☐ Prefer not to say □ Other (please state below) Do you identify as trans, including alternative terms: trans\*, transgender, and transsexual? Tick one. ☐ Yes, I identify with one or more of these terms □ No □ Prefer not to say What religion, religious denomination or body do you belong to? Tick one. □ None □ Jewish ☐ Church of Scotland □ Muslim □ Roman Catholic □ Sikh □ Other Christian □ Pagan □ Buddhist ☐ Prefer not to say □ Hindu □ Other (please state below) Are your day-to-day activities limited because of a health problem or disability, which has lasted or is expected to last, at least 12 months? Tick one. ☐ Yes, limited a lot ☐ Yes, limited a little □ No ☐ Prefer not to say Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply. ☐ Deafness or partial hearing □ Physical disability ☐ Blindness or partial sight ☐ Mental health condition ☐ Full or partial loss of voice or □Long term illness, disease or condition speaking ☐ Prefer not to say □ None of these □ Learning disability ☐ Learning difficulty □ Other (please state below) □ Developmental disorder I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I give Scottish Volleyball permission to store my information as part of my membership through JustGo and use it for legitimate purposes in-line with the Scottish Volleyball Privacy Policy. I agree to abide by the Byelaws and Articles of Association set out by Scottish Volleyball, which can be found at https://scottishvolleyball.org/governance/ and accept that if I fail to do so, my membership may be terminated. Signature: \_\_\_\_\_ Date: \_\_\_\_