

NEW Membership

Please complete ALL of this form and return to your teacher along with a cheque for your KFAMoves annual membership. Or, post to EMDP, 14 Graylands Estate, Langhurstwood Road, Horsham, West Sussex RH12 4QD. Please make cheques payable to EMDP Ltd.

Gender:

Male Female

Name

Address

Postcode Telephone

Date of birth Email

Teachers full name

KFAMoves Region

KFAMoves Local Association

How did you hear about KFAMoves?

Event Poster Website Word of mouth Other

Ethnicity	Religion	Disability
Asian/Asian British <input type="checkbox"/>	Buddhism <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/>
Black/African/Caribbean/Black British <input type="checkbox"/>	Christianity <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Visual impairment <input type="checkbox"/>
Mixed/Multiple Ethnic Groups <input type="checkbox"/>	Hinduism <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
Other Ethnic Group <input type="checkbox"/>	Jewish <input type="checkbox"/>	Learning difficulty <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Muslim <input type="checkbox"/> Sikhism <input type="checkbox"/>	Physical impairment <input type="checkbox"/>
White <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>
		Prefer not to say <input type="checkbox"/>

The data supplied above will be used to process your KFAMoves membership and for us to send you all relevant membership information.

I understand that by becoming a member, my data will be protected by the Exercise Movement and Dance Partnership (EMDP) and under the guidance of the data Protection Act 1988. That EMDP may use my

personal information to provide me with important information about the product or service that I am using, including important updates. Additionally with my permission, they may send me information about their products and services, and/or share information with EMDP partners so they may send me information about their products and services.

Signed

Date dd/mm/yy

If you would like to receive additional communications from KFAMoves, EMDP or partnership organisations please tick the box.

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