

## 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

Asian/Asian British   
 Black/African/Caribbean/Black British   
 Mixed/Multiple Ethnic Groups   
 Other Ethnic Group   
 Prefer not to say   
 White

#### Religion

Buddhism  Other   
 Christianity  Prefer not to say   
 Hinduism   
 Jewish   
 Muslim  Sikhism   
 None

#### Disability

None   
 Visual impairment   
 Hearing impairment   
 Learning difficulty   
 Physical impairment   
 Other   
 Prefer not to say

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.