



Clwb Spytty Membership Form

Full Name:

Full Address:

Postcode:

Date of Birth:

Name of school attended:

Parent/Guardian Name:

Contact telephone number:

Parent/Guardian email address:

Payment (£15): Cash Cheque Card

Permissions - Please delete as applicable

I agree / do not agree for my child as named above to become a member of 'Clwb Spytty' for the 2019/2020 season and understand that this is an annual contract.

I agree / do not agree that we will keep our contact details up to date with the Newport County AFC Supporters Trust and for those details to be held by their database

I agree / do not agree for our contact information to be used in line with suitable offers through Clwb Spytty, such as and not limited to competition, newsletters and offers

I agree / do not agree for photographs of my child to be used in line with Clwb Spytty and Newport County AFC promotional material, both published and on social media.

Signature Parent/Guardian:

Signed on behalf of NCAFC Supporters Trust:

Membership Number; CS.....