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Arsenal	Purple Membership Registered Disabled Supporters New Application For 2018/2019								
Please return the completed form together with the documentation requested in the covering letter to the Disability Liaison Team, Highbury House, 75 Drayton Park, London, N5 1BU.									
Please ensure all fields are completed in CAPITAL LETTERS in black ink and all information is correct.									
Membership N	011100 0000	Personal Assistant's No.	Office Use Only	]					
Title	Surname								
Forenames									
House / Flat No. & Street									
Address									
Town									
County					Postcode				
Country									
Daytime Tel. N	0.								
Mobile Tel. No.									
Evening Tel. No	0.								

Date of Birth	
Email	

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Arsenal		Membe oplicatio						Supp	oorte	ers
Please return th Disability Liaisc		-				in the co	overing l	etter to t	he	
Please ensure all fields are completed in CAPITAL LETTERS in black ink and all information is correct.										
Memberships (If you live ou for £3 additio	tside the UK	•	c this bo	DX	<b>£3</b> (If ap	propria	te)			
	Irple Lite Irple Full		£34 £39		unior Gun unior Gun				£1! £2!	
Method of Payment - All payments must be in sterling. We cannot accept euro cheques.   Please tick one box only. Please do not send cash through the post.   Credit Card/Debit Card										
		Bank Draft/	Cheque	e/Postal C	orders Uk	( & Eire	only			
<b>N.B.</b> - Cheques, Bank Drafts & Postal Orders should be made payable to The Arsenal Football Club plc. Please write your full address on the reverse of the cheque (not required on Bank Drafts).										
Please compl Please note w Valid from (if ap Card No.	ve cannot ac			ress or Vis	a Electro 0. (if applio					
Name on Card										

By returning this form and purchasing your membership you agree to the terms and conditions applicable to your membership. These can be found in full at **Arsenal.com/membership**. If you would like a copy sent to you please put this in writing to The Arsenal Membership Department, Admail 4090, London E1 0ZA.