



FUTSAL MALTA ASSOCIATION

FORM 'CM'
AFFILIATION & NOMINATION OF COUNCIL MEMBERS FOR THE YEAR 2015/2016
BY MEMBER CLUBS

Member Club:

We, the undersigned, on behalf of the above mentioned MFA Member Club hereby confirm our affiliation with Futsal Malta Association National Futsal League 2015/16, and wish to nominate the under mentioned person to act as a Council Member and a substitute delegate representing the said Member Club during the year 2015/16.

We confirm that this appointment implies that the nominated person shall be subject to jurisdiction and to all the rules, bye-laws and regulations of the Malta Football Association & Futsal Malta Association and of those other international organisations of which the Futsal Malta Association may be a member.

Furthermore, in view of the Data Protection Act (Chapter 440 of the Laws of Malta), we confirm that the under mentioned persons have given their unconditional consent to the Futsal Malta Association to store and process the information appearing on this Form in any manner in which it may deem fit and proper, to share such information with its Member Clubs, its employees and with other individuals and organisations as may be necessary and that the Futsal Malta Association may continue to keep such information until such person would have informed it in writing of his resignation as a Council Member or 1st Delegate representing the above mentioned FMA Member Club provided that on such resignation such person would have fulfilled all his obligations towards the Futsal Malta Association.

DETAILS ABOUT NOMINATED COUNCIL MEMBER

Name and Surname:

Address:

Govt. I.D. Card N^o

Date of Birth:

Telephone N^o Residence:

Telephone N^o Business:

Mobile Phone N^o

E-Mail:

Signature of MFA MEMBER CLUB PRESIDENT:

Signature of MFA MEMBER CLUB SECRETARY:

Date: ____ / ____ / 2015