

Parental Consent Form

for DMA Membership for Students

I agree that the DMA Student Membership Applicant
(insert full name) for whom I am a parent/carer/guardian of, may become a DMA Student Member and undertake all the benefits and duties linked to this membership.

I have read and agree to the DMA Student Membership Terms and Conditions, which I may keep for my records. I understand that by completing this form, I am agreeing to allow the DMA Student Membership Applicant for whom I am a parent/carer/guardian of to pay the membership fee in full and undertake the Membership Terms and Conditions.

I understand and agree that the DMA's Privacy Notice will apply to the use of the personal data of the DMA Student Membership Applicant for whom I am a parent/carer/guardian of while they are an applicant and if they become a DMA Student Member.

His/Her personal data shall not be used for any other purpose than using it for DMA Student Membership.

Name of the DMA Student Membership Applicant:

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(Please print)

Email address of the DMA Student Membership Applicant:

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Age of the DMA Student Membership Applicant:

Parent's/Carer's/Guardian's Name:

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Your relationship to DMA Student Membership Applicant:

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Signature of Parent/Carer/Guardian:

Date:

Once completed, please email this form to dmatalent@dma.org.uk

The DMA will review it and reply to you, letting you know if the DMA Student Membership Applicant you have given your consent for is eligible to purchase DMA Student Membership.