

FOLKESTONE CAMERA CLUB

APPLICATION FOR MEMBERSHIP / DATA PROTECTION ACT CONSENT FORM

In accordance with Data Protection Legislation, members are required to give permission for their private details to be kept on record, for Club purposes only. Your details will not be shared with any other organisation without your knowledge and explicit prior consent.

I/We wish to become a member(s) of the Folkestone Camera Club and will comply with the Rules and Regulations of the Club.

Surname(Mr, Mrs, Ms, Mr & Mrs)

Forenames

Address

Postcode

.....

Telephone Number

E-Mail address (Please write carefully)

I/We enclose the subscription fee of £ 32 per person or £64 per couple£.....

I/We agree to my/our details being kept on Folkestone Camera Club's records.

Signed

Club Use only

Signed

Treasure's Initials

Date

Membership No(s)

PLEASE SEND THIS APPLICATION FORM AND YOUR CHEQUE TO OUR TREASURER, THEN JUST COLLECT YOUR MEMBERSHIP CARD AT THE CLUB IN SEPTEMBER.

MR J WRAIGHT
18 AVONDALE ROAD
CAPEL LE FERNE
FOLKESTONE
CT18 7LE