

## APPLICATION FORM

I wish to join THE CHRISTCHURCH ANTIQUARIANS, and I enclose my subscription of £10 for the membership year ending June \_\_\_\_\_\*.

\*Insert appropriate membership year – our membership year runs from June to June

Note: For new members joining in the latter half of the membership year i.e. from 1<sup>st</sup> January to 31<sup>st</sup> May, the subscription covers the period up to June in the subsequent year.

Name: (BLOCK LETTERS)

Address: (BLOCK LETTERS)

Postcode:

Tel:

Email:

Mobile:

Please note that under-16's are welcome to join but have to be accompanied by a parent or relative when attending TCA activities. A parent of an under-16 must countersign this form below.

Age: (if under 16)

Parent's Signature (for under-16s):

For as long as I remain a member of TCA I agree that I may be contacted on TCA

business by: Post  Tel.  Email  (please tick those that apply)

Signature:

Date:

### *Privacy Policy*

*For as long as you are a member of TCA we will hold on file this form together with a copy of your personal details in various electronic formats on computer. We will not pass on or disclose your details to other organisations or individuals without your permission.*

Please send this form to TCA Secretary, 15 Barnfield, Highcliffe, Christchurch, Dorset, BH23 4QY. Cheques should be made payable to 'The Christchurch Antiquarians'.