**Hebden Bridge Twinning Society**

**Membership Form**

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| **Name(s)\*** | **Address (use more than one line)** | **Telephone** | **Mobile** | **Email address** |
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\*Associations or organisations may also become affiliated on the payment of a membership fee of £10.

Languages (not compulsory): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other ways in which you would like to be involved (for example helping with social and fund raising events)? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current annual membership fee is £12 per person. There is a youth membership category for those between 16 & 23 in full time education at an annual fee of £6 per person.

**Please tick the box if you are applying for Youth Membership**

Please make cheques payable to the Hebden Bridge Twinning Society. I/we enclose my/our remittance of \_\_\_\_\_\_\_\_for my/our membership of the Hebden Bridge Twinning Society.

Annual membership expires on the 31st of December each year. Please complete:

I/we enclose my/our remittance of \_\_\_\_\_\_\_\_for my/our membership of the Hebden Bridge Twinning Society for the year of 2023.

The completed form should be sent to Andrew Bibby (Treasurer), andrew@andrewbibby.com, 2 Hebble End, Hebden Bridge HX7 6HJ. Cheques can be sent to Andrew at the above address.

Alternatively for a BACS payment or a standing order the following payment detail should be used:

Bank Name: Lloyds Bank: Sort Code: 30-93-76: Account Name: Hebden Bridge Twinning Society: Account Number: 02175303. Please use your own name/names as a reference.

GDPR: See Privacy Notice overleaf.

**PRIVACY NOTICE**

**How we use your information**

Hebden Bridge Twinning Society may use any personal data submitted by you for the purposes of running the organisation. We also need to retain this information in order to maintain accurate records of your name, contact details and details of your availability to host families from our twin towns, for a period of 4 years or until you notify us that the information is no longer relevant. It is your responsibility to notify us of any changes. We will not share your information without your consent.

**Consent**

Please sign below to confirm that sharing your information with us constitutes explicit consent from you for us to process your data for this purpose. You may withdraw this consent at any time by communicating your request in writing to us.

|  |  |
| --- | --- |
| **Signed** (Applicants signature): |  |
| **Name** (Print Applicants Name): |  |
| **Date:** |  |