Please print clearly

Lead Member Name: Mr, Mrs, Miss, Ms

.....

Address:

.....

.....

Email *(Please provide accurately to receive mailouts and newsletters)*:

.....

Phone/ Mobile: .....

D.O.B. .....

Extra Adult Members MUST be immediate family only. Child Members can just be associated with Lead Members, and need not be related. All under 16yrs to have a Lead Member.

2nd Member Name: .....

D.O.B. .....

3rd Member Name: .....

D.O.B. .....

4th Member Name: .....

D.O.B. .....

5th Member Name: .....

D.O.B. .....

Membership Type	Fee	
Lead Member	£15.00	£
Child Member (Under 16yrs)	£4.00	£
Extra Adult Member	£10.00	£
		Total £

All newsletters & schedules will be sent by email. If hard copies are required, please send an SAE when they are out.

Payment can be made via www.swawpcs.co.uk using the Shop, or by BACS.

If by BACS, please reference "MEM and your Surname"

Account Name: SWA of the WPCS **Account No.** 60708468 **Sort Code** 30-99-50

Please email your completed form to: swaofthewpcs@gmail.com

Please confirm consent for any photos to be published in our Newsletter/ Yearbook/ Articles/ Facebook page/ Website. I DO NOT / I DO GIVE CONSENT

I hereby understand the SWA of WPCS process my data and some third parties.
I have read the SWA of the WPCS General Data Protection Regulations Policy (available on www.swawpcs.co.uk in the Downloads section) and agree that the SWA of WPCS will process my data in a safe and secure way.

Sign .....

Print Name .....

Date .....