



Membership Application – School or Community Group

School or Group Name:
Main Contact Details First Name: Surname: Address for correspondence: Telephone Number: Email:
Additional Named Contacts: 1. 2. <i>(Nursery or School only)</i>
How did you hear about us?
How many people will benefit from this membership and what are their ages? Under 5 Years _____ 5-18 years _____ 18-65 years _____ Over 65 years _____
Data Protection We will use your details to send emails about your membership, including renewal reminders. Please tick below to consent to other contact from us: <input type="checkbox"/> I would like to receive newsletters and updates, including information about priority booking for events <i>Your data will be held securely and you can unsubscribe from the list at any time. We will not pass your data on to any third parties. If you have not been a member or engaged with Resourceful Community Scrapstore in some other way for 2 years, your data will be deleted.</i>
Payment <input type="checkbox"/> I have paid directly to the bank account (Sort Code 40-52-40 Account Number 00036974) <input type="checkbox"/> I enclose a cheque made payable to Resourceful Community Scrapstore CIC <input type="checkbox"/> I have paid by cash/card at the Scrapstore <i>(please delete as appropriate)</i> <input type="checkbox"/> I need an invoice to pay
Signed: _____ Date: _____
Office Use only Date processed: Membership numbers: 1. _____ 2. _____ 3. _____