

BRIDPORT & DISTRICT GARDENING CLUB

MEMBERSHIP APPLICATION FORM

Name in full (CAPITALS PLEASE)

Address (CAPITALS PLEASE)

.....

..... POST CODE

Telephone

E-mail address

Would you like a Standing Order for payment in future years? YES / NO

I would like to receive my Newsletters by email. YES / NO

We will use your personal data to keep you informed about Club matters and events. Please sign below to confirm your approval.

Please circle one or more of the options below to confirm the methods you consent to us using to contact you:

POST

PHONE

EMAIL

Signed

FOR OFFICE USE

Membership card issued

Membership number

Payment entered on database

Email confirmed