

APPLICATION FOR ANNUAL MEMBERSHIP 2024 Membership Fee: £15

	Title:	First Name:		Surname:		
	Address:				\dashv	
	Tel:		E-1	mail:	_	
DATA	A PROTECT	ION AGREEMENT				
1)	Preferred co	Preferred contact method (Post, Phone or E-mail):				
2)	I agree that Mickleton Gardening Club may record my contact details and use the above method(s) to contact me about Gardening Club events.					
-		ed on this form will only be ເ to third parties or used for n	-	ord keeping by the Mickleton Gardening Comm urposes.	ittee. It	
	Date:			Signature:		
	ny consent fo and the MGC		the media;	including the Mickleton Gardening Club websit	l e, social	
		Yes	/No:			
Paym	nent Metho	od				
Bank T	ransfer (prefe	erred), Cash or Cheque (Chec	jues made j	payable to Mickleton Gardening Club)		
Bank	Details					
		ckleton Gardening Club				
	ode – 30-93-1					
	nt Number – (~ C:+h N/I	ITAAD)		
Payme	ent Reference	- [your surname] [MEMB] (e	.g. Smith ivi	EMB)		
Please Or	save and e-m	ail the completed form to m	ickletongc(<u>@gmail.com</u> .		
You m	e	ur printed form on a club nig	ht or post t	o our treasurer at:		
15 Gla	ss House Rd					

Mickleton, GL55 6PF