

Membership Application Form

Please complete this form in block capitals and return to: Membership Secretary, Plean's Voice (paper forms may be left at the Library in a sealed envelope or submitted by email to membership@pleansvoice.org.uk).

Full Name: _____

Postcode: _____

Landline / Mobile: _____

Email Address: _____

Address: _____

Preferred contact method (tick all that apply) : Email Telephone Post

Please indicate the type of membership you are applying for. For further information on membership types please refer to our constitution (available on request via The Chairperson).

Please indicate (one) choice:

Membership Type	Description	Tick one
Ordinary Members	<ul style="list-style-type: none"> - For those aged 16 or over. - Resident or working in Plean or surrounding area - Support the purposes of Plean's Voice 	
Junior Members	<ul style="list-style-type: none"> - For those aged between 12 -15 - Support the purposes of Plean's Voice <p><i>* Parent/carer consent required</i></p>	

I CAN CONFIRM THAT I AM APPLYING FOR MEMBERSHIP OF PLEAN'S VOICE (SC052272) ACCORDING TO THE SELECTED MEMBERSHIP TYPE ABOVE AND WILL COMPLY WITH THE PLEAN'S VOICE (SCIO) CONSTITUTION.

Signed: _____

Date: _____

The information supplied on this form as collected by Plean's Voice (SC052271) will be entered into a secure digital filing system and will only be accessed by authorised persons, used for the purposes of SCIO membership administration. By supplying this information you consent to Plean's Voice storing and using the information for the aforementioned purpose. All personal information collected will be managed in accordance with the provisions of the GENERAL DATA PROTECTION REGULATION 2016.