



MEMBERSHIP APPLICATION FORM

2019-2020 Membership

Tick this box If you are **not** happy to receive any future correspondence from the Branch via email only. Using e-mail saves the Branch a significant amount of money. Thank you.

PLEASE TYPE OR PRINT CLEARLY		
Name - 1 st Adult		
Name - 2nd Adult		
Full Address (Including Post Code)		
Tel. Nos.	Home:	Mobile:
1st adult e-mail		
2nd adult e-mail		
Preferred method of contact in an emergency e.g. cancellation of class.	Please circle one option: Mobile Home Phone	
Please provide the name and contact phone number of a person to be contacted in an emergency i.e. Broken ankle during class	Name – Number -	

I/We wish to apply for membership and enclose my/our subscription.

		TOTAL
Individual Membership	£28	
OR Joint Membership	£48	
OR I have paid HQ Membership – Individual Membership	£8	
OR We have paid HQ Membership – Joint Membership	£16	
Advanced 6 months subs (a major saving over paying weekly subs of £3.00)	£40	
OR Advanced Years Subs (a major saving over paying weekly subs of £3.00)	£80	
OR I/we will be paying each week as we attend	£0	
I/We include cheque , payable to “RSCDS Cheshire Branch”	to the value of	

Members registered with another RSCDS Branch please indicate Branch

I/We understand that any information contained in this form will be retained by RSCDS HQ and Cheshire Branch on a shared, computer database. These records will comply with the Data Protection Act and will be used only for RSCDS and Branch matters.

1st adult: Signed: Date:

2nd adult: Signed:..... Date:

Please send your cheque and completed form **prior to 1st October 2019** to:

Membership Sec: Kim Kolodziejczyk, 9 Bramhall Road, Wistaston, Crewe, CW2 8PT.

Privacy Statement

Apart from HQ RSCDS we shall not share your personal information with any person or organisation without first obtaining your explicit permission.