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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: | |  | | | | | | |
| **Membership No**:  (Allocated by the Club) | |  | (If applicable) **Date of Birth:**  (Please refer to **note** below) | | | |  | |
|  | | | | | | | | |
| **I would like to join Hay Camera Club / o*r* I would like to renew my / our membership of the Club. I / We also paid my / our annual / quarterly subscription direct to the Club’s bank account.** | | | | | | | | |
| **Address**: | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | **Post Code** | | |  |
| **Home telephone No:** | |  | | **Mobile telephone No:** | | | |  |
| **Email address:** | |  | | | | | | |
| **Emergency contact name:** | |  | | | | | | |
| **1st Contact telephone No:** | |  | | **2nd Contact telephone No:** | | | |  |
|  | | | | | | | | |
| **Please confirm the following statements and choose ‘Yes’ or ‘No’, as appropriate:** | | | | | | | | |
|  | | | | | | | | |
| I understand that the Secretary will pass my data on to other officers of Hay Camera Club for specific purposes solely related to Club activities: | | | | | | | |  |
|  | | | | | | | | |
| I am prepared to receive E-mails from the Club’s officers: | | | | | | | |  |
|  | | | | | | | | |
| I understand that any photographic images that I submit to the Club for entry to external competitions will normally be identified by name and/or membership number. Also, I understand that digital image files may contain significant data about my identity and camera equipment (EXIF data): | | | | | | | |  |
|  | | | | | | | | |
| I understand that Club officers will seek my specific consent before releasing my name or other personal information in public or to the media: | | | | | | | |  |
|  | | | | | | | | |
| I understand that Club officers may forward relevant material from third parties to me if they believe that it is consistent with my membership of Hay Camera Club and that I may opt out of receiving such material at any time in the future: | | | | | | | |  |
|  | | | | | | | | |
| I understand that I may ask to see all data held about me by the Club’s officers and that this information will be provided to me within a reasonable time: | | | | | | | |  |
|  | | | | | | | | |
| I understand that I may ask to change any of these preferences in the future by writing to the Secretary and that I may ask for my personal data to be deleted after I have resigned from the Club: | | | | | | | |  |
|  | | | | | | | | |
| I understand that I must notify a Club officer immediately if I become aware of any breach of my personal data related to my club membership: | | | | | | | |  |
|  | | | | | | | | |
| I agree to keep safe and secure any personal data relating to other persons that may come into my possession as a member of Hay Camera Club: | | | | | | | |  |
|  | | | | | | | | |
| **Note:** If you are considered to be a vulnerable adult, young person or child, Please state your date of birth and provide the written consent of a parent or guardian in addition to supplying the details requested on this form.  Please note that young person under 18 or vulnerable adults will only be permitted to attend Club meetings if accompanied by a parent or guardian or a responsible adult, nominated in writing by the parent or guardian.  Your data will be processed accurately by the Membership Secretary to enable Club officers to communicate with you in the future about Club news, information or upcoming events. Your details will be kept safely and you have the ability to opt out of our communications or alter any of your preferences, as indicated below, at any time by notifying the Secretary in writing. | | | | | | | | |
|  | | | | | | | | |
| **Signed**: |  | | |  | | **Dated:** | |  |