THE BEVERLEY AND DISTRICT RINGING SOCIETY Application for Membership

Name:	
Address:	
	Postcode:
Email address:	Telephone No:
Local Tower:	D.O.B. (if under 18)
Signature:	Date:
(and, if under 18, signature of person holding	ng parental responsibility)
processing the above personal data to keep	t you consent to the Beverley and District Ringing Society holding and you informed about Society activities and for your name, local tower and e Society's Annual Report. A copy of the Society's Data Protection Policy
Proposed by:	Seconded by:
Office use only	
Elected at:	on:
Subscription: £	Paid to:

Please print this form. Complete it and email a photo or scan of it to the Membership Secretary at info@bnd-online.co.uk