



LWWA Membership Application Form

TITLE **FORENAME** **SURNAME** **DOB**

ADDRESS

LANDLINE

MOBILE

EMAIL

CURRENT/PREVIOUS PROFESSION

YES NO

I give my permission for my personal details to be retained by the Association for the duration of my membership.

Photos and videos (including those captured during virtual meetings) that include me can be used on the Association website or other publications as deemed necessary for the promotion of the LWWA

Photos and videos (including those captured during virtual meetings) that include any items I have made can be used on the Association website or other publications as deemed necessary for the promotion of the LWWA

I consent to allow my email address to be automatically added to the LWWA News Post subscription service.

I have read, understood and promise to abide by the following LWWA documentation (PDFs of which are available from <https://lincswoldswoodturning.co.uk/information-area/downloads>)

LWWA Constitution

LWWA Competition Rules

LWWA Health and Safety Policy

By completing and submitting this form, in lieu of a signature, you are agreeing that the Association can hold your data for the duration of your membership and use it in accordance with the instructions you have given by answering yes or no in the boxes above. All data will be kept and used in accordance with the club's GDPR policy which can be found [here](#).

COMPLETED BY

COMPLETED ON

Please choose your preferred payment option. Whenever possible the Association would prefer payment by PayPal

ONE OFF PAYMENT



Annual

Quarterly

BANK TRANSFER

Annual

Quarterly

PAY AS YOU GO MEMBERSHIP FEE

PayPal

Bank Transfer