

# BRITISH & COMMONWEALTH WOMEN'S ASSOCIATION

## MEMBERSHIP APPLICATION FORM

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_

**If applying via your husband's or parent's British or Commonwealth nationality, please provide details below :**

His/her full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Nationality: \_\_\_\_\_

**If applying for Associate Membership, please tick here.**

Your Address: \_\_\_\_\_

\_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current/previous occupation (optional): \_\_\_\_\_

**Personal data is information that identifies you or can be used to identify or contact you, such as your name, email address, postal address, or phone number. You may voluntarily provide Personal Data by completing this form. We will not sell, share, license, trade or rent your Personal Data other than as specifically authorized by you.**

- By ticking this box, you authorize the BCWA to include your information in the printed BCWA Membership Directory, which is distributed solely to members of the BCWA.
- By ticking this box, you grant permission to the BCWA to use any photographs taken of you at the Association's activities or events. These photos may be used in our monthly newsletter and/or on our website.
- The monthly Newsletter and other communications are sent to members by email. If you do NOT wish to receive e-mails from the BCWA, please tick this box.

**IMPORTANT: The Directory is solely for the use of members to contact other members. Please do not pass on any information from the Directory to any person who is not a member of the BCWA. Likewise, please do not give the Newsletter to non-members.**

# BRITISH & COMMONWEALTH WOMEN'S ASSOCIATION

## MEMBERSHIP APPLICATION FORM

### Volunteering

Would you be willing to assist the Club in any of the following ways (please tick boxes that apply)?

- Administration
- New or current activities
- Lunches
- Website
- Facebook
- Newsletter
- Welcome
- Other, please specify \_\_\_\_\_

Where did you first hear about BCWA? \_\_\_\_\_

**Please note that, exceptionally for 2021, there will be no membership subscription fee.**

**When you have completed the form, please sign and send it to the BCWA Membership Secretary, Jill Godfrey:**

**By post: 15 rue de Cronstadt, 75015 Paris**

or

**By email: [bcwamembership@gmail.com](mailto:bcwamembership@gmail.com)**

**DISCLAIMER: I accept that participation in any activity organized by the BCWA is entirely at my own risk and responsibility. In no way do I hold the BCWA liable for any loss, damage or injury sustained during participation in any BCWA activity. I will provide a doctor's certificate as required to take part in any sporting activity. By taking part in any BCWA activity I agree to the above.**

**Signature: \_\_\_\_\_ Date : \_\_\_\_\_**