

BRITISH & COMMONWEALTH WOMEN'S ASSOCIATION

MEMBERSHIP APPLICATION FORM FOR 2023

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 BCWA Membership Directory, which is available 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. By ticking this box, you agree to receive emails from the BCWA.

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.

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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 _____

Please tick the method of payment of your choice:

- A cheque for 32 euros made out to BCWA sent by post with your form (see details below).
- Bank transfer of 32 euros to the BCWA account (instructions for this will be emailed on request).

If paying by bank transfer, do ensure that **YOUR NAME APPEARS** clearly on the transfer details so that we know you have paid. Your bank will provide a space for you to enter this.

Whichever method you choose, when you have completed and signed the form, please send it to the BCWA Membership Secretary, Jill Godfrey:

By post: 15 rue de Cronstadt, 75015 Paris

or

By email: 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.

Please sign here:

Signature: _____ **Date :** _____

A typed signature is acceptable for forms filled in electronically.