

Yorkshire Association of Change Ringers

New membership form

Please complete legibly, in BLOCK CAPITALS, or fill in electronically.

FAMILY NAME _____

GIVEN NAME (the one used and other initials) _____

ADDRESS _____
and _____
Postcode _____ **In full-time education**

Please complete your e-mail address if you would like to receive Branch/Association notices, or, if you have not given your address above, so that we can contact you if necessary. *Please print neatly if completing by hand.*

EMAIL ADDRESS _____

TOWER Dedication and place _____

If Rejoining Previous TOWER _____
 (No election necessary) **Approx joining date** _____ **NAME** (if different) _____

We collect information to allow us to process and maintain your membership of the YACR and optionally to inform you about forthcoming events.

Your details will be kept securely on an electronic database.

The YACR will never share this information with any other organisation, or third parties, for any purpose, including marketing, except where required to by law.

Please note that your name, together with your membership status, year of joining the YACR and a record of the numbers of peals that you have rung for the YACR will be printed in the Annual Report of the YACR for each year that you are a member. If you wish this information to be listed under the tower that you ring at so that you are identified with that tower, then you must give your permission by signing in the box opposite. The names of members who have not given their permission to be listed under their tower will be listed in alphabetical order elsewhere in the report.

Member's addresses are not printed in the Annual Report unless that person is a tower contact or officer and has given their permission.

Our Privacy Policy can be found in full on our website at www.yacr.org.uk.

		Signature/Preference*
In the Annual Report I would like to be listed under the tower at which I ring.	Yes	Signature
	No	Signature
I would like my name to be included in digital and online versions of the Annual Report.		Signature
I would like to receive a printed copy of the Annual Report each year.		Yes/No
I would like to receive Branch and Association notices by e-mail.		Yes/No

* For children under the age of 13, consent must be given by a parent or guardian.

These choices will remain until you inform us otherwise.

You can withdraw your consent at any time by writing to the Association Membership Manager. However, please note that any changes to the Annual Report need to be made by the beginning of March in order to take effect that year.

PROPOSER* _____ **SECONDER*** _____

* For election of a Qualified member, the Proposer and Seconder must be Qualified Members.

Please check the box(es) as appropriate.

New to Association - either Associate or Qualified

Newly Qualified (formerly Associate)

ELECTED at (place) _____ on (date) _____

At a _____ Branch/Association meeting.

Membership fee paid to _____ on _____

The form can be filled in electronically or printed out and filled in by hand (or a combination of both), but please note that if the new member 'signs' electronically the form should not subsequently be printed.

New member - if signing electronically, please e-mail the form to the Association Membership Manager (janinehones@ntlworld.com) as well as to the proposer/branch officer.