

King Alfred Probus Club



APPLICATION FOR MEMBERSHIP

Extracts from King Alfred Probus Club Rules:

"Membership shall be open to men and women who are fully or partially retired from their normal profession or business and who are not already members of another Probus Club.

"New members shall be proposed or applications submitted to the Secretary.

"Total membership shall not exceed 50 excluding Honorary and Associate Members.

"In order to foster the aims of the Club and its continuing prosperity, members shall be expected to attend the majority of monthly meetings".

Kindly complete the following information in capitals:

FULL NAME DATE OF BIRTH

NAME NORMALLY USED SPOUSE'S/PARTNER'S NAME

ADDRESS (Including Post Code)
.....
.....

TELEPHONE NUMBER (Including Code)

EMAIL ADDRESS

PAST PROFESSION OR BUSINESS

INTERESTS AND HOBBIES
(List no more than three)
.....

I AM HAPPY TO GIVE A TALK TO MEMBERS ABOUT:

DECLARATION:

i) I wish to apply for membership of the King Alfred Probus Club. I accept the requirements of the Club's rules.

ii) I hereby give my consent to the Club holding and using the data items listed overleaf.

iii) I have read and agree to the Club's Privacy Statement.

Signed:

Date:

EITHER – Proposed By:
(signature) (name in capitals)

OR - Submit Form To Secretary at secretary@kingalfredprobusclub.co.uk

Date Application Received by Secretary

Date admitted into Membership

King Alfred Probus Club



Personal Data Consent

The EU General Data Protection Regulations (GDPR), from 25 May 2018, require a clear and unambiguous statement, by companies and other organizations such as charities and clubs, about how personal data is collected, stored and processed. King Alfred Probus Club believes it is very important to safeguard Members' Personal Data as set out in our recently updated Privacy Statement.

To comply with the new GDPR you are asked to give your consent to the Club collecting, storing and processing the following items of personal data. Please tick the box to give your consent. Then please give your name, date and signature at the bottom of the page and return completed form.

Personal Data Item	Consent Given <input type="checkbox"/> ✓	Consent Not Given <input type="checkbox"/> X
First Name	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>
Title	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
Partner/Spouse Name	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact Number	<input type="checkbox"/>	<input type="checkbox"/>
Home Address	<input type="checkbox"/>	<input type="checkbox"/>
Landline Telephone No.	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone No.	<input type="checkbox"/>	<input type="checkbox"/>
Email Address	<input type="checkbox"/>	<input type="checkbox"/>
Profession/Occupation	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies/Leisure Pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Digital Photograph	<input type="checkbox"/>	<input type="checkbox"/>
Date Joining KAPC	<input type="checkbox"/>	<input type="checkbox"/>
Category Of Membership	<input type="checkbox"/>	<input type="checkbox"/>

Print Name:

Signature:

Date: