



MEMBERSHIP APPLICATION FORM 2018



Address of all applicants:

(If the address is different for each applicants please use another membership form)

Address: _____
_____ Postcode _____

MEMBERSHIP PERIOD

- Membership drive starts from 1st January.
- Membership closes for 3 months between 1 May and 30 July.
- Membership re-opens after AGM/Elections
- Membership expires 31st December

We would like to keep you informed about our activities, support services and fundraising events. But to do this we need your permission, otherwise this information cannot be sent to you, under the Data Protection Act. Please sign and date that you have given us permission for the following member and in the household above.

Name: _____

Signature _____

Date: _____

Terms and conditions:

- I/We support the aims & objects of the NBA and agree to abide by the rules & regulations of the Constitution. (Available on request)
- I certify that I am eligible to join the NBA according to the membership criteria set out in the NBA constitution.
- All members must sign the membership form.
- Any false information provided will terminate the membership without membership fees refunded.
- Only 5 membership forms can be handed in at any one time by one person
- Please complete in **BLACK** ink. and in **CAPITALS** letters.

1st Applicant: (Membership fee £1 per member & aged over 18) Tick this box if you wish to share your information with third party including candidates at an NBA Election

Title: _____ Name: _____ Profession: _____

Tel _____ Email: _____ Signature: _____

Date: _____

2nd Applicant: (Membership fee £1 per member & aged over 18) Tick this box if you wish to share your information with third party including candidates at an NBA Election

Title: _____ Name: _____ Profession: _____

Tel _____ Email: _____ Signature: _____

3rd Applicant: (Membership fee £1 per member & aged over 18) Please tick this box if you wish to share your information with third party including candidates at an NBA Election

Title: _____ Name: _____ Profession: _____

Tel _____ Email: _____ Signature: _____

4th Applicant: (Membership fee £1 per member & aged over 18) Tick this box if you wish to share your information with third party including candidates at an NBA Election

Title: _____ Name: _____ Profession: _____

Tel _____ Email: _____ Signature: _____

Total membership fees (£1.00 per member) £ _____ (Cash/Cheque)

Please return completed form to the 'Membership Secretary' at the address below

For Office Use Only:

Received by: (Name) _____

Signature: _____ Date: _____

Membership numbers:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

NBA Gateway Centre, Mill Road, Semilong, Northampton, NN2 6AX

Tel: 01604 624930 Fax: 01604 239326 Email: nba_bangla@hotmail.com Website: www.nbagateway.org.uk