



# MEMBERSHIP APPLICATION FORM 2021



## 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 1<sup>st</sup> January.
- Membership closes on 31<sup>st</sup> August 2021
- Membership re-opens after AGM/Elections
- Membership expires 31<sup>st</sup> 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 GDPR 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.

**1<sup>st</sup> 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: \_\_\_\_\_

**2<sup>nd</sup> 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: \_\_\_\_\_

**3<sup>rd</sup> 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: \_\_\_\_\_

**4<sup>th</sup> 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

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