SEAVETS Senior and Veteran Windsurfers Association

Membership Application

membership Apphoation			
·	NAME & SURNAME (Block Capital	,	
POST CODE:	TELEPHONE :		
	UKWA MEMBER ? Yes / No		
WINDSURFING CLUB MEMBE	ERSHIP?		
JOINT MEMBER			
	SAIL NO:		
is a condition of participation in SEA decision to participate in any SEAVE for any conditions that may arise. I(third party insurance cover of at least £1 rAVETS windsurfing events. I(We) agree TS Event and to ensure the suitability of (We) understand that SEAVETS shall no vever caused as a result of participation in	that it is entirely my(our) own my(our) boards and equipment at be responsible for any loss,	
	is a Data Privacy Policy which can be for pership Secretary. The information you pro		
(or in the case of a joint membership	bership handbook, yearbook or directory. the lead family member's) name, email advailable to all members, in either electronic	ldresses, phone/ mobile	
If you consent to your data being s	shared in this way, please tick here		
	ide to withdraw consent to your contact de etails from printed material until such time		
CHANGED DETAILS: If any of your censure your data is accurate on the m	details change please email ruth@gangbrionembership database.	dge.co.uk so that we can	
social media pages and for use in pre	ke photos and videos of Members to put or ess releases. We will seek your consent or and event entry forms and you may withdraw	n membership application	

If you wish to withdraw consent, please contact ruth@gangbridge.co.uk

Member consent: If you consent to the use of photos of yourself please tick here.....

Joint Member Consent: If you consent to the use of photos of yourself please tick here

I/We wish to join/renew my/our subscription to SEAVETS and agree to the Personal Liablility and Data Protection paragraphs above.

SUBSCRIPTION: I/We enclose a subscription of £12 (per household).

Paid online by BACS to: Sort Code: 40-13-10 Account number: 21408682

OR

Cheque made out to Seavets enclosed

Delete as appropriate.

VOLUNTARY DONATION: I/We enclose a donation of £....... for the British Society for Research on Ageing. If you include a donation please also complete the Gift Aid Declaration and add the donation to the £12 subscription to make a single payment to Seavets.

SIGNED MEMBER:

SIGNED JOINT MEMBER:

DATE

Please return to the Membership Secretary:
Ruth Tracey
Gangbridge Cottage
Gangbridge Lane
St Mary Bourne
Andover
Hampshire SP11 6EP
Telephone. 01264 738285

Email: ruth@gangbridge.co.uk

A scanned completed form sent by email is acceptable.

GIFT AID DECLARATION

I want The British Society for Research on Ageing to treat all donations which I have made for the four years prior to this year, and all donation which I make from the date of this declaration, until I notify you otherwise, to be treated as Gift Aid Donations.

I confirm that I pay an amount of UK Income Tax and/or Capital Gains tax to cover the amount that all charities and Community Amateur Sports clubs will reclaim on my donation in the tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1.00 that I give on or after 6th April 2008.

NAME: (Title)	
ADDRESS:	
POST CODE:	
SIGNATURE: DATE:	
The British Society for Research on Ageing	
(Registerd Charity Number 279932)	

Westfields, Etherley Bank, High Etherley, Bishop Auckland, Co. Durham DL4 0LG