



Block 1			
Mr / Mrs/ Ms	Telephone Number:	Home	
First Name		Work	
Surname		Mobile	
email (if applicat	ole)		
Address			_
-			_
-			_
Postcode			

Block 2

Date of Birth (A requirement of our insurers)

General Data Protection Rules (GDPR)

SADMES has policies and procedures to comply with the legal requirements of GDPR. A copy of these policies are available on request or on the SADMES web site. Should you wish to change the options you select below please contact either a member of the Executive Committee or the Membership Secretary. Please note, the society will *never* share contact information *outside* the Society without your expressly obtained consent.

Please tick the box to indicate that you agree that the information held on this form can be retained by the society in hard and soft copy.

Please tick the box to indicate that you agree to the information in block 1 being given to other society members.

Present occupation (or before retirement) Hobbies and interests					
I wish to be considered for membership of the Salisbury & District Model Engineering Society. I agree to abide by its rules and acknowledge that the decision of the Committee is final.					
Signature	Date				
Proposed By S	econded By				

For use by the Committee only

Notes			
Any General Data Protection Rules (GDPR) considerations with storing / sharing personal information?			Yes / No
Membership Number	Date Issued	lssued By	

Please return this Application Form to: The Membership Secretary, (Mr Dave Murray) 56 Willow Drive, Durrington, SALISBURY, Wiltshire. SP4 8EH 01980 653957 Society email address: <u>secretary@salisbury-model-engineering-society.co.uk</u>