

71st SEASON

MEMBERSHIP AND TICKET APPLICATION FORM 2019-2020

Name: _____	BOX A
Address: _____	
_____	Postcode: _____
Telephone: (home) _____ (mobile) _____	
Email: _____	

Please complete the following:

Number required	Subscription Type	Single Price	Cost
	Adult Membership for the Full Season (6 concerts)	£72	
	Under 18s Student Membership for the Full Season (6 concerts)	£10	
	Donation	If you would like your donation to be treated as Gift Aid please tick here <input type="checkbox"/>	
		TOTAL	

Payment can be made either:

- By cheque to Evesham & District Music Club
- Or via BACs to Lloyds Bank
Sort Code: 30-90-89 Account number: 35566968.
Please quote: YOUR SURNAME/ EDMC Membership (eg smithEDMCmship) on your payment.

Please tick:

I have enclosed a cheque I have paid by BACS

Please complete the GDPR Form overleaf.

Membership cards will be posted to you shortly after payment has been received.

Please note, very occasionally artists and programmes are subject to change at short notice for reasons beyond the control of the club.

GENERAL DATA PROTECTION REGULATIONS 2018

These new regulations came into force in May 2018; we need your *written* permission to hold your data on our database. We only hold such data as is necessary for communication on Evesham & District Music Club business (newsletters, other events, etc.) Your contact information will never be passed on to third parties or organisations. You may request its removal at any time.

I would be grateful **if you would add your name below** when you return this form so that we may fulfil the requirements of the regulations and continue to hold your data. If you do not do this it may be that we can no longer send you information about the EDMC.

The data we hold will be as supplied in **Box A overleaf** (postal address, contact telephone numbers, email address).

Thank you for your help



Oliver Lister
Chairman of the Evesham and District Music Club 2019-2020

By adding my name below I agree that the Evesham and District Music Club may hold my data as described above for the purposes of undertaking EDMC business. This information will not be passed on to third parties or organisations without my permission. I can ask to have the information to be removed at any time.

NAME: _____ **DATE:** _____

Finally, please post your application form to (please enclose a SAE to help keep down costs):

Lynne Lister
Membership Registrar
Evesham & District Music Club
c/o 15 Abbey Gate
Evesham, Worcs.
WR11 4BQ

Any queries please contact:
Telephone 01386 422687
Email ojul25@btinternet.com