COLINTON LOCAL HISTORY SOCIETY

MEMBERSHIP APPLICATION/RENEWAL 2024-25

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**MEMBERSHIP FORM (TO BE COMPLETED IN ALL CASES.)**

Title ….. Surname (Capitals)…………………………… First Name…………………………..

\*Title…….. Surname (Capitals)……………………………First Name…………………………..

Address…………………………………………………………………………………………………..

Post Code………………………………………… Phone No……………………………………….

e-mail address……………………………….………………………………………………………….

\*e-mail address……………………………….………………………………………………………….

I agree to the Society contacting me by telephone or e-mail and to storing my personal details (as above) in accordance with the regulations of the Data Protection Act.

Signed: …………………………………………………………………………………………………..

\*Signed:…………………………………………………………………………………………………..

(A statement of the Society’s compliance with Data Protection regulations may be found under ‘Privacy Policy’ on the foot of the Society0’s website.)

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OR

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