**Stalbridge Archive Society**

 **Friends Application Form**

I would like to become a Friend of Stalbridge Archive Society

Your Details (please use BLOCK CAPITALS)

First member: Title ……First Name(s) ……………………………………Surname …………………………………………….

Address: ………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………

Postcode: ………………………… Home tel: …………………………………….… Mobile …….………………………..

Main e-mail: …………………………………………………………………………………………………

**Payments** may be made by cash cheque payable to **Stalbridge Archive Society**

**Individual: £5.00**

When completed, please return the form and payment instructions to the Treasurer:

Stalbridge Archive Society, The Hub, Station Road, Stalbridge, Dorset DT10 2RG

**Contact Privacy Notice**

General Data Protection Regulations -Any personal information such as name, postal address, telephone number, and email address given via this form will only be used to provide a requested service, kept for as long as necessary to provide that service and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law. Full details of our Privacy Policy are provided with this form, and can be obtained from the secretary.

I confirm that I have read and understood the above.

Signed ……………………………………………………………………………………….. Date