**CAITHNESS AGRICULTURAL SOCIETY – MEMBERSHIP APPLICATION FORM 2024**

**CONTACT DETAILS**

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| --- | --- |
| Contact Name: |  |
| Contact Telephone: |  |
| Email: |  |

Please tick if the same address should be used for all names and only enter the address once.

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| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **DATE OF BIRTH**  **(If under 16)** | **Office Use** |
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| TOTAL NUMBER OF ADULT MEMBERSHIPS (£10 each) | |  | |
| TOTAL NUMBER OF CHILD MEMBERSHIPS [Under 16s (£5 each)] | |  | |
| **TOTAL DUE** | | £ | |

**PAYMENT INFORMATION**

Cheques should be made payable to: **CAITHNESS AGRICULTURAL SOCIETY**

Bank Transfer Details: **Sort Code 83-25-06 Account Number: 00613186**

**Please state the contact name as payment reference.**

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| I have paid by bank transfer or  I have enclosed a cheque |

**EU General Data Protection Regulation (GDPR)**

The data collected in this form will be used by Caithness Agricultural Society solely for the purpose of organising and administrating your membership of Caithness Agricultural Society. Data collected will not be disclosed to any third party without your written consent (unless there is a legal obligation to do so). The information on this form will be retained by Caithness Agricultural Society on a secured database and in secure cabinets.

I consent to Caithness Agricultural Society collecting and storing the data in this form

Consent can be withdrawn at any time, by writing to The Secretary, Caithness Agricultural Society, Bruadar, Westfield, Thurso, KW14 7QR.

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| **Signed:** | **Print Name:** |
| **Date:** |  |