**CSGGA Membership Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Member details** | | | | | | | | | | | |
| **Title** |  | | **Initials** |  | **First name or preferred name** |  | | | **Surname** |  |
| **2nd Member details** | | | | | | | | | | |
| **Title** |  | | **Initials** |  | **First name or preferred name** |  | | | **Surname** |  |
| **Address** | |  | | | | | | | | |
|  | | | | | | **Post Code** |  | | | |
| **Tel No.** | |  | | | | **Mob No.** | | | | |
| **Email Address** | |  | | | | | |  | | |

|  |  |  |
| --- | --- | --- |
| ***First member*** | ***£15.00*** | ***£*** |
| ***Additional Members residing at the same address*** | ***£5.00 each*** | ***£*** |
| ***Newsletter by post*** | ***£10.00*** | ***£*** |
|  | ***Total due*** | ***£*** |

Please tick as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***I enclose a cheque*** |  | ***I have paid by standing order*** |  | ***I have paid by bank transfer*** |  |

Cheques to be made payable to CSGGA

Or for payments by bank transfer Chalfont St Giles Gardens Association A/C No. 80256587 Sort Code 20-02-06

***I am willing to help with***



***Committee Refreshments Plant Sale Outings Shows***





***Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**General Data Protection Regulations**: Records for each member are kept by the CSGGA Membership Secretary. All Committee members will also have access to members’ contact details as will members organising outings. Under no circumstances are membership records used for purposes other than those connected to the legitimate activities of the CSGGA. Please advise any member of the committee if require further details or you do not wish us to hold your records but please note that you will not be able receive a newsletter in this event. **In signing this form, I accept that my data may be kept by CSGGA as described above. Further details can be found on the CSGGA website.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to*: Briony Wickenden, The* *Membership Secretary, Mulberry House, 54 Milton Fields, Chalfont St Giles, Bucks HP8 4EP* or scanned copy to brionywickenden@hotmail.com**

**Once your subscription is received you will receive a membership card**