

APPLICATION FORM

SURNAME:

TITLE:

FORENAME:

DATE OF BIRTH:

ADDRESS:

POST CODE:

TEL NO:

MOBILE NO:

WORK TEL:

WORK FAX:

WORK EMAIL:

HOME EMAIL:

The prime method of communication with your membership is via Royal Mail but sometimes we need to send an email. Are you happy to be contacted using this method Yes / No (please circle)

DISABILITIES:

CURRENT JOB TITLE:

QUALIFICATIONS:

MAIN AREA OF EXPERTISE: (Please CIRCLE ONE)

BUSINESS	EDUCATION	ENVIRONMENT	FINANCE	HEALTH	INTERNATIONAL	I.T.
MARKETING	LAW	MANUFACTURING	RETAIL	SCIENCE	TECHNOLOGY	TRAINING
OTHER (Please state)						

CURRENT STATUS: (Please CIRCLE ONE)

EMPLOYED	SELF EMPLOYED	UNPAID WORK	CAREER BREAK	RETIRED	STUDENT
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Declaration of Consent under the Data Protection Act 1998

Please note that the details that you have provided on this form will be held on a computer and may also be held in a manual filing system. This data will be processed by BPW and may be included in the BPW membership list and address book.

BPW will neither sell nor divulge your information to advertisers or agencies without your consent. We, as an organisation, are concerned to preserve and maintain any data given to us in the strictest of confidence for its stated purpose. For that reason we are asking you to read this notice and provide this consent.

If you are BPW director or Regional Officer, selected information may also be published on the web pages, in the programme, in the BPW address book or in BPW newsletters and made available to other BPW members on request. The data may also be sent to BPW associations outside the European Economic Area upon request.

If you wish to obtain a copy of the data processed and held, a description of the purposes for which it is being processed, a description of any potential recipients of the data, or any information as to the source of the data, please contact the Company Secretary of BPW UK. Please note that BPW UK is entitled to charge a statutory fee for the provision of this information.

If you would prefer to change or restrict which data is held or processed or for what purpose the data held is processed you may notify the designated Data Controller (Company Secretary) at any time in writing.

Please sign below to confirm that you understand the above and agree to your personal data being processed in the manner set out above and as necessary for the purpose of the legitimate interests of BPW UK.

Signed **Date**

Payment Methods: Please enclose the membership fee of **£70** and send it with this form back to the address below.

Please note that some clubs may also charge a local fee.

Note: If you wish to include a donation to the Members Emergency Fund please increase your cheque/credit card payment instruction with your donation included (minimum 50p). To be eligible for this benefit a donation is required for 2years, subject to the Trustees discretion. DONATION to Members Emergency Fund: £ _____

I enclose a cheque to the value of £ _____ payable to BPW UK Ltd

Please charge £ _____ to my Visa Mastercard Delta Maestro (Please circle)

Credit Card payments incur a surcharge of 2% of total cost, which we have to pass on to our members

Card Number _____ Security Number _____ Issue No _____ Expiry Date ____ / ____

Signed: _____ **Date:** _____

Statement Address if different from above _____

How were you introduced to membership of BPW UK? (Please circle or complete name of member)

BPW Information Leaflet BPW Event BPW Website Name of BPW Member

Other (please specify)

Please specify which Region or Club you've joined: Region: Club: