

WMCO Membership Application Form 2023

I have read the Constitution of the Wycombe Multicultural Organisation and I wish to apply for membership. I declare that I am over the age of 18 and if accepted for membership, I will uphold and abide by the objectives of the Constitution.

Please complete and return this form, along with your payment per individual.

Title (Mr/Mrs/Ms/Other):	
First Name:	
Surname:	
Address:	
Postcode:	
Tel/Mobile:	
Email:	
Date of birth (Optional):	
(e.g. for sending you a birthday message)	

Our Membership year runs from 1st March each year, with renewals taking place on 1st March each year. Your subscription can be paid annually (once per year) OR monthly by standing order. If you join after the 1st March your subscription will be calculated on a pro-rata basis. You are welcome to contribute more than the charges below if you wish.

Month New Application/Payment Received	Amount Due (Employed)	Amount Due (Concession/Pensioner/ Student/Unemployed)
March, April or May	£25.00 🗆	£12.50 🗆
June, July or August	£18.75 🗆	£9.30 🗆
September, October or November	£12.50 🗆	£6.20 🗆
December, January or February	£6.25 🛛	£3.15 🗆

	<u>ALTERNA</u>	TVE (OPTION: Monthly Mo	embe	ership Charge
🗆 £3 per	month		£5 per month		Other amount – please specify:

Cheques should be made payable to: "W.M.C.O". Bank details: Available on request



Please list any area of expertise which could be used to contribute to the development of the Organisation

Data Protection

Here at WMCO we take the privacy of our members data seriously and will only use our personal information for administration purposes and for communicating with you about the organisation, about your membership, events or meetings. Only the Membership Officer, Admin Support, Social Welfare Officer and Centre Manager/Finance Officer will be able to access your details. More information about how we look after your data can be found at www.wmco.co.uk/privacy-policy/

We will never share or sell your data without your prior permission.

Preferred method of contact:

\Box Email only

 \Box Text/WhatsApp only

 \Box Both Email & Text/WhatsApp

I consent to WMCO collecting and storing my data from this form $Yes \square$ No \square

Date:	Signature:	

<u>For office use only</u>
Date application received:
Date payment received:
igned by Chair/Treasurer:

Last updated Apr2023