



DETAILS OF A NEW MEMBER

NAME (Title) (Initials) (Surname)

(known as) DATE JOINED

Date of Birth (if under 31).....

SECTION (voice/instrument and Grade if appropriate)

ADDRESS

..... (post code)

TELEPHONE Land Line:

Mobile:

Email:

HOW DID YOU HEAR ABOUT TPS, AND WHAT LED YOU TO JOIN?

.....
.....

Please pay subscription by bank transfer to:

CAF Bank Ltd
Sort Code: 40 52 40
A/C No: 00008828

Or by cheque payable to: Tonbridge Philharmonic Society

SUBSCRIPTION Over 30/ 21 - 30 / Under 21 *Indicate whichever applies*

Your personal data will be kept by the Society in accordance with Data Protection legislation. You are entitled to request sight of the data that the Society holds about you at any time.

Unless you indicate otherwise, your personal data will only be used in relation to relevant matters concerning the Society. However, from time to time, we learn of musical events or other related matters that we think may be of interest to members. If you are happy for us to send you such information by email, please indicate:

Yes – I am happy to receive details of musical events and other matters not directly related to the Society.

No – Please only send me information directly related to Society matters

Please ensure that any changes to your personal data are communicated as soon as possible to the Membership Secretary (contact details on the Society website)