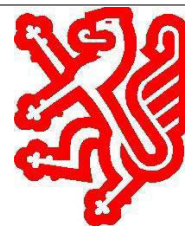




BATH – BRAUNSCHWEIG TWINNING ASSOCIATION



APPLICATION FOR MEMBERSHIP

Name(s) of applicant(s) (1) (2)

Address of applicant(s)

.....

.....

Post code

E-mail

Telephone number

Date of application

<i>Subscriptions</i>	<i>Individual</i>	<i>£10</i>
	<i>Family</i>	<i>£15</i>
	<i>Corporate</i>	<i>£30</i>

Method of payment Banker's Order (strongly recommended) Cheque Cash

GPDR Statement

I consent to the Bath-Braunschweig Twinning Association holding my personal information for the purpose of managing my membership of the Association, and for communications from the Association. I understand that my personal information may be passed to the Mayor's Office and the Charter Trustees of the City of Bath, but will not be passed to any other 3rd parties without my consent. I may unsubscribe at any time by emailing the Membership Secretary at ***bbta18@hotmail.com***

Signed Date

Please send your completed membership application form and payment to:

Anthony Horstmann, Honorary Treasurer BBTA
9, Kensington Gardens, BATH BA1 6LH