



Hexham & District Photographic Society

Membership Application Form

Member Number

SURNAME			
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FIRST NAMES			
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ADDRESS			
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TOWN		POSTCODE	
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TELEPHONE NUMBER			
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E-MAIL ADDRESS			
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PHOTOGRAPHIC QUALIFICATIONS			
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CHILD/VULNERABLE PERSON	YES/ NO (Please delete as appropriate)		
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I consent to my personal data being held by Hexham & District Photographic Society as detailed in the Society Privacy Policy

Member Signature			
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Date			
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Parent/Guardian signature			
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Date			
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I DO NOT consent to my personal data being held by Hexham & District Photographic Society as detailed in the Society Privacy Policy

Member Signature			
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Date			
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Parent/Guardian signature			
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Date			
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Please note that if you do not consent to storage of personal information you will need to consult the HPS Website for details of all Society activities.