

EALABA Membership – <u>2025</u>

Full Name:					(capitals)
Address:					(capitals)
		Post	Code		
Main tel. No:	Eı	mail:			
Disability:			D.O.B.: .	/	/
	USE OWN			lelete as ap	
Membership Type				£	р
Competitor (with 1		voting right)		15	00
family (inclu		s 1 player & 1 voting right, o	only)	20	00
Coach/Marker/Umpire (wi		voting right, non-playing)		10	00
Associate	(no voti	ng rights, non-playing)		5	00
		PAYMENT			
payable to EAL	ABA for £	to cov	ver my/our mem	bership.	
		. 02463983 Sort code: - 30 include your name for ident	•		
at one o	f our event	s. Credit/debit cards canno	ot be accepted.		
Applicants Signature:			Date:	//.	•••••
		Bank tı	ransfer date:	//	
Please send to: Mrs	C Gray, 10 I	Hockney Avenue, Barton Se	agrave, Northan	ts. NN15 5	JUF
Andy Thompson C	John R athy Gray	togers (Contact No. 07707 90525) Kirsty Atkin	Diane Rogers, Harry Atkin	Bob Love & Alex Comack	



CONSENT FORM

GDPR

- I consent for my telephone number to be shared with other members.
- I consent for my email address to be shared with other members.
- I consent to receive information from EALABA by email.
- I consent to receive information from EALABA by post.
- I have read and understand the privacy disclosure.

Photography

- I consent for my photograph to be taken by EALABA.
- I consent for my photograph to be used by EALABA on their social media/website/newsletter.
- I consent for my photograph to be used for promotional materials, publications, in articles and potentially for publicity/marketing purposes.
- I consent for my photograph to be shared with the media and/or press.
- My photographs will be securely stored on file by EALABA for at least two years.
- I can withdraw consent at any time. I can email the EALABA Secretary if I change my mind. This
 withdrawal cannot be retrospective and will only apply to material that has not been published.

Delete above where not appropriate.

Privacy Disclosure

Any information can be used for the EALABA database. This information and any provided is not to be given to a third party without my consent.

Signed:	
Print name:	
Date:	

If the information above is for a person under the age of 16 or of a vulnerable nature a parent or qualifying guardian must sign.