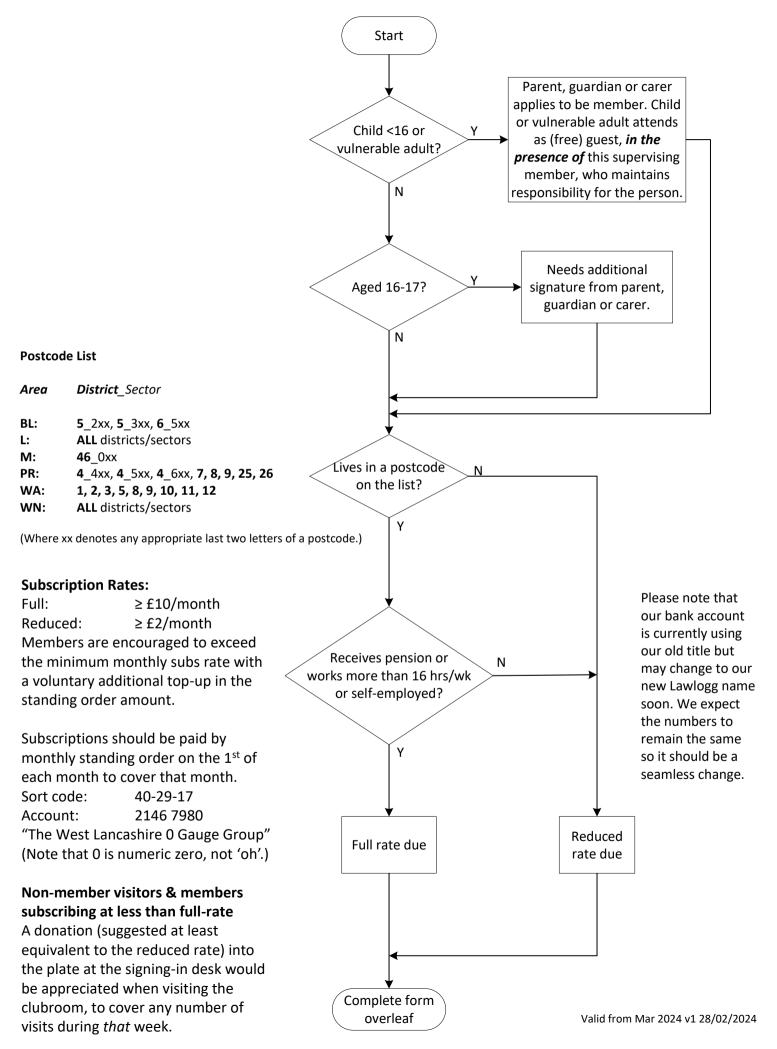
Liverpool And West Lancs. O Gauge Group – Membership Application Process



LAWLOGG – Membership Application Form - Please write CLEARLY!

(Preferably use the 'fill and sign' option in Adobe Acrobat to complete the form electronically.) (If completing remotely, use the website contact form to ask for the e-mail address to return this form.) https://lawlogg.uk/contact/

Family Name:				Given Name:			
House Name (if applicable):							
House No & Street:							
Locality (if applicable):							
POST TOWN:							
POSTCODE:							
Landline (if appli	cable):				ation about the club (including the		
Mobile (if applicable):				distribu	quarterly magazine) will usually be distributed electronically using your e-ma		
E-mail (if applica	ble):				S. (You will be added to the e-mail cion group <i>after</i> you have subscribed.)		
Tick if you are aged 16 or 17: (We need your parent, guardian or carer to sign, as well.)							
Tick if you are <i>joining</i> as parent, guardian or carer to act as the supervisor of a child (<16) or vulnerable adult							
Tick if applicable		ed member, who is	rejoining				

I am entitled to reduced rate subscription because (either or both, if applicable):



I don't live in a postcode included in the list on page 1

I don't receive a pension and I don't work more than 16 hours/week and I'm not self-employed

Declarations

I understand that the data gathered is required to enable relevant communication within LAWLOGG and will not be sold to any commercial organisation. The data will be retained during membership and for a period of up to two years thereafter. I understand that I will be invited to join an e-mail distribution group for dissemination of information and communication with other members.

I understand that my e-mail address will be revealed to other members if I choose to post messages to the e-mail group. If I am joining as the parent, guardian or carer for a child (<16) or vulnerable adult, I understand that the child or vulnerable adult may attend free of charge **as a guest**, *in my presence*, and that I retain responsibility for the person.

I agree to abide by the rules of the group and will immediately update my subs rate if entitlement to reduced rate ends.

Applicant's signature:		Da	ite:	
Na Parent, guardian or carer for 16-17 year old:	ame (Print)		Signatu	re
Member receiving form: (if in-person) – PRINT!				p er receiving form: e send form to Hon. Treasurer a.s.a.p.