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**NCI**

**Community Association CIO**

**HOLLAND STREET. CAMBRIDGE, CB4 3DL
TEL: (01223) 563562 EMAIL: bookingsnci@gmail.com**

**MEMBERSHIP APPLICATION FORM**

**PLEASE USE CAPITALS**

**Membership will run from 1st April – 31st March**

**Yearly membership required (please tick) Full (£15)………. Child/Concession (£7.50)……….**

**NAME OF APPLICANT:……………………………………………………….**

**ADDRESS: ……..…………………………………………………………...............**

 **………………………………………………………………………....**

**TELEPHONE:………………………………………………………………....**

**EMAIL ADDRESS: ........................................................................................................**

**DATE OF BIRTH:………………………………………………………....................**

**SIGNATURE: ………...…………………………………………………………...............**

**DATE : ……………………………………………**

**I HEREBY APPLY TO THE TRUSTEES FOR MEMBERSHIP TO THE NCI AND I AGREE TO ABIDE BY THE RULES OF THE AND ANY BYE LAWS PASSED BY THE TRUSTEES.**

**THIS FORM MUST BE COMPLETED AND PAYMENT ENCLOSED TO BE PROCESSED**

**Once processed your membership card can be collected from a member of staff at the bar.**

**Please pay by bank transfer to:**

**NCI Community Association CIO**

**Sort Code 30-90-89**

**Account Number 46735860**

**-- OR --**

**Please make cheques payable to: NCI Community Association CIO**

**Please tick this box if you would like your email address added to our marketing list**

***We will never pass your details on to other companies and we will only keep your details***

***for as long as you chose us to, or until we deem appropriate for the purpose of marketing within the NCI.***

***We keep your personal data only for as long as necessary for each purpose we use it.***