|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION ONE: Member Contact Details | | | | | | | | | |
| Person 1 | | | | | | | | | |
| Title | | First Name(s) | | | | Surname | | | |
|  | |  | | | |  | | | |
| Email Address | |  | | | | | | | |
| Contact Number | |  | | | | | | | |
| Person 2 | | | | | | | | | |
| Title | | First Name(s) | | | | Surname | | | |
|  | |  | | | |  | | | |
| Email Address | |  | | | | | | | |
| Contact Number | |  | | | | | | | |
| Home Address | |  | | | | | | | |
| SECTION TWO: Declarations and Confirmation | | | | | | | | | |
| By ticking below and signing, | | | | | | | | | |
|  | I/we agree to become a member(s) of the Baldock Town Twinning Association and confirm that the information I/we have provided is accurate. | | | | | | | | |
|  | I/we have made payment for one year’s subscription fee for the Association (please see below#) | | | | | | | | |
|  | I/we confirm that I/we have understood and accept the Association’s Privacy Policy\* | | | | | | | | |
| I/We consent to be contacted in the following ways | | | | | | | | | |
|  | by post | |  | by email | | |  | | by phone |
| Person 1  Signature |  | | | | | | Date |  | |
| Person 2  Signature |  | | | | | | Date |  | |
| Please return your completed form via email to **baldocktowntwinning@gmail.com** or to one of the contacts listed here: | | | | | | | | | |
| Honorary Secretary – B.T.T.A  Ms Abigail Hucker  27 Weston Way  Baldock  SG7 6EZ  Tel: 07729525648 | | | | | Honorary Chairperson-B.T.T.A  Mrs Vivienne Reed  10 Park Street  Baldock  SG7 6DY  Tel: 07815 308124 | | | | |