

Reflex Photographic Club (RPC)

Membership Application 2024/25 Season

1. **Please** fill in your current contact details and consent needed to communicate with you.
2. **Please** Return this form by post* or by email as a scan, together with your payment information. See * below about postal address.

Name (Print) First _____ Surname _____

Address _____

Email _____

Phone Number(s) _____

Distinctions _____

Are you currently a member of another photography club? Y/N

Which Club(s) _____

Emergency Contact Name + phone (voluntary) _____

By signing this form you are confirming your consent to RPC holding and processing your personal data for the following purposes:-

To write, email or telephone you on any matter arising during the normal function of the club. e.g. membership, news, subscriptions.

To hold and use any photographic image submitted by you for club purposes e.g. club internal competitions, closed Facebook page, official website and annual exhibition. The Competition Selector will ask for member consent to use an image in any **external** competition or battle.

I give my consent to RPC to hold and use the above data. For anyone under the age of 18 please ask a parent or guardian to complete the back of the form and provide an email address if they wish to be copied in on any club emails that are sent out to all active members.

Signed _____ Dated _____

Membership Fees **Full: £35** **Concessions: Over 65 / Under 18 / student £30**

Please indicate: I am paying by BACS / Cash / Cheque.

Bank Transfer info: Reflex Photographic Club. Acc 84706968 Sort Code 77 95 08

Please use your name as the reference in your payment so we know it's from you!

Cheques: Made out to "Reflex Photographic Club"

***Post to: Reflex PC, c/o G Niblock, 3 Edwin Place, Rainham, ME8 0AU**

(Club use)

Year 2024/25 Paid Y/N Date _____ Amount £ _____ (Concession Y/N)

Membership Number: _____

Communication preferences (please tick all that apply)

- Email _____
- Facebook. _____
- WhatsApp. _____
- Other suggestions _____

Section below only to be completed for members under the age of 18.

The club's Safeguarding Policy is available to read on the club's website.

<https://www.reflexphoto.co.uk>

Name of Parent or Guardian. First _____ Surname _____

I give my approval for the person named overleaf to join the Reflex photographic Club.

Signature _____ Date _____

Should you wish to be copied in on any club emails or WhatsApp Community messages that are circulated to all active members from time to time please provide your email address and / or mobile phone number below.

Email _____

Mobile Number _____