

NEW MEMBER APPLICATION FORM
BRITISH & COMMONWEALTH WOMEN'S ASSOCIATION
bcwamembership@gmail.com and www.bcwa.org

FIRST NAME SURNAME

*NATIONALITY UK PASSPORT #

Ordinary Member Associate Member (non B or C).....

If applying via your husband's nationality please indicate here whether his nationality is **British** or **Commonwealth** (delete as necessary and put **his** *nationality on the line above).

If applying as the daughter of a British or Commonwealth member, please give

Mother's full name

YOUR ADDRESS TELEPHONE FIXE

.....

..... MOBILE

.....

EMAIL@

DATE OF BIRTH MAIDEN NAME

CURRENT OR PREVIOUS OCCUPATION

ANNUAL SUBSCRIPTION: 30 EUROS, PAYABLE BY CHEQUE TO BCWA.

Please send your completed form with your cheque to

Membership Secretary: Sandra Cheyne , 45 Blvd, Victor Hugo,
92200,Neuilly Sur Seine

Paris VOLUNTEERING :

Would you be willing to assist the club in any of the following:

ADMINISTRATION	
LUNCHES	
NEWSLETTER	
NEW ACTIVITIES	
WEBSITE/FACEBOOK	
WELCOME	

WHERE DID YOU FIRST HEAR ABOUT THE BCWA

BCC	BCWA	CECSC	CHURCH	EMBASSY	EVENT
LANGUAGE SCHOOL	FRIEND	RELOCATION PACK			
If online Which of these?	BCWA website	Facebook	Linked In	Other (Please state)	

Personal Data is information that identifies you or can be used to identify or contact you, such as your name, email address, address or phone number. You may voluntarily provide Personal Data by completing this form. We will not sell, share, license, trade or rent your Personal Data other than as specifically authorized by you. **By ticking this box you authorize BCWA to contact you by email and include your information in our printed membership directory which is distributed to members of BCWA.**

In order to help us please ensure that you do not pass on information regarding BCWA members, nor give the newsletter or membership directory to anyone who is not a BCWA member.

I do **NOT AUTHORIZE** the BCWA to contact me by email.

I do **NOT AUTHORIZE** the BCWA to publish my contact information in the membership directory.

DISCLAIMER

I accept that participation in any activity organized by the BCWA is entirely at my own risk and responsibility, in no way do I hold the BCWA liable for any loss, damage or injury sustained during participation in any BCWA activity. I will provide a doctor's certificate to take part in any physical activity. By taking part in any BCWA activity I agree to the above.

Signature Date