

Oxshott and Cobham Music Society

NAME.....
EMAIL ADDRESS.....
ADDRESS.....
.....
POSTCODE.....PHONE NUMBER.....

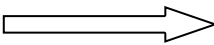
I wish to apply for:-

Adult subscriptions £80 (£75 for early payment i.e. by 7th September 2018)£.....

I wish to become a patron and enclose a donation (min. £45) £.....

(Becoming joint patrons involves a minimum of donation £75) £.....

I wish to make a donation of £.....

I enclose a cheque for £.....payable to OCMS for  £.....

(While last season we offered a bank to bank payment system, certain problems were encountered, so this season we are only accepting payments by cheque. We shall review the situation on a continuing basis)

****I ENCLOSE A DL SIZE (220 x 110cm) STAMPED ADDRESSED ENVELOPE****

to Membership Secretary, Mrs Cherry Eddy, 46 Grove Way, Esher, SURREY, KT10 8HL

Please tick areas below in areas where you feel able to help us

- | | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Fire Steward Duty | <input type="checkbox"/> | 2. Door Management | <input type="checkbox"/> | 3. Help with lighting/amplification | <input type="checkbox"/> |
| 4. Organise Helpers Rota | <input type="checkbox"/> | 5. Stage Management | <input type="checkbox"/> | 6. Serving interval drinks | <input type="checkbox"/> |
| 7. Selling programmes and drink tickets | <input type="checkbox"/> | 8. Providing refreshments for artists | <input type="checkbox"/> | | |
| 9. Providing accommodation for artists | <input type="checkbox"/> | 10. Page turning (for pianists) | <input type="checkbox"/> | | |
| 11. Providing lifts for Members | <input type="checkbox"/> | 12. Distribution of publicity | <input type="checkbox"/> | 13. Help at Fairs | <input type="checkbox"/> |

The Data Protection Act 2018 (Please note that we are required by the act to hold your permission for the information you give to us to be held /used by the Society.)

I/we agree that OCMS may hold personal data relating to me/us for the purposes of the Society and for its administration. The data will not be disclosed to any person or organisation outside the Committee of the Society. I/we acknowledge that this data will be held by the Society's membership secretary until such time as I/we notify the Membership Secretary otherwise. This information may only be accessed by an authorised Committee member. I/we consent to being contacted by the Society using the information provided

In order for the Society to comply with this law, it is ESSENTIAL that this authority is signed, and if the membership is joint that BOTH parties sign. Thank you.

Name.....Signature.....

Date.....Signature.....