

Stockport Model Engineers

Membership Application Form

Surname: First name(s):

Date of birth:

Landline: Mobile:

Email:

Address:

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Occupation:

Skills you can make available to the Society:

Model Engineering interests:

Models constructed or in progress:

Has a member of the Society proposed you? Yes No

Are you a member of any other model engineering society? Yes No

If so, which?

How did you find out about us?

Are you prepared to share in the active running and upkeep of the Society? Yes No

Regarding Data Protection Regulation (GDPR) do you agree to:

- being contacted by phone & email? Yes No
- phone and email details being known to members Yes No

I agree to abide by the Rules of the Society:

- my details being held on computer, for Society admin purposes only
- participate in Society activities

Signature Date