



SALISBURY DIOCESAN GUILD OF RINGERS

MEMBERSHIP SYSTEM – THIRD PARTY AUTHORISATION FORM FOR UNDER 18'S (to be completed by the Junior member together with parent/guardian)

(all references to the "Guild" in this document mean the Salisbury Diocesan Guild of Ringers)

IDOB...../...../.....
(full name of young person)

of (Branch)
(tower)

hereby authorise
(full name of parent or guardian)

of
(full address, including postcode)

to act on my behalf / to register my data (*delete as applicable*) in the use of the Guild's Membership System, in respect of the following:

1. the registration and / or subsequent management of my private data held on the System including name, address (if required), email, and the other personal information list below
2. the ability to add or remove my email address from any of the Guild's mailing lists
3. the ability for my nominee to use their own email address to receive communication and membership renewal notices on my account
4. the ability to renew my subscription on my specific request by any of the available methods.

The data that I consent to being used is as follows (* = mandatory information):

First Name * Surname *

Email Address *

Membership Class (Youth Member / Learner)

Year of Birth (for insurance purposes) *

Year when your Membership started (if known)

Indicate which optional Guild (Face-To-Face) and Branch Mailing List(s) you wish to join for details of events, news etc:

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I understand I may withdraw this authority at any time, by advising the Guild Membership Secretary in writing or by email (memberadmin@sdgr.org.uk). I will advise the Guild Membership Secretary when I am 18 in writing or by email, when I understand that I will become responsible for managing my own membership record.

.....
(Signed – Junior Member)

.....
(Signed – Parent/Guardian)

...../...../.....
(Date)

.....
(Name of Parent/Guardian)