



## MEMBERSHIP FORM

Name: .....

Contact telephone or mobile number .....

E-Mail: .....

Membership No: .....

Fee Paid: .....

I accept that my personal data as above will be recorded on the ADAPT database and understand that it will not be shared with any third party. I also understand that at any time I can exercise the right of access to my data to review, delete or correct it, and that the point of contact for this purpose is the ADAPT secretary at [adapt.secretary2018@gmail.com](mailto:adapt.secretary2018@gmail.com).

Signed: .....

Date: .....