Bournemouth National Trust Volunteers
Registration Form

Name and Address	Name..... Address..... .....Postcode..... Tel. No. .....Mobile No.....
Emergency Contact Details	Name..... Tel. No. .....Mobile No..... Address (if different from above)..... .....Postcode.....

State any medical conditions and any medication taken	
Indicate any Allergies	
Please sign and date this medical declaration	Signed ..... Date .....
*Sign this box **only** if you feel unable to disclose medical information*	Signed ..... Date .....

Newsletter Option: Please tick one option only. You may change this at any time by informing the Membership Secretary. Your email address will not be used for any way other than to inform you of BNTV events or programme changes

Printed by post ..... * E-Newsletter (PDF format) ..... * Email Address .....

** Please request E-Newsletter wherever possible to reduce the cost of photocopying and postal charges*

I/We consent to BNTV using photographs for publicity purposes on any of our current websites, newsletters or by the National Trust

Signed ..... Date .....

Please send completed form to the Membership Secretary:

Lesley Morton, 1 Laurel Gardens, Broadstone, Poole. BH18 8LT (Email - bnt.volunteers@gmail.com)

Annual Subscription *(Cheques made payable to BNTV please)* I enclose *(please tick one only)*

Single Membership £5 ..... Couple Membership £8 .....

Or direct payment to Account name: **BOURNEMOUTH NATIONAL TRUST VOLUNTEERS**

Account number: **80714487** Sort Code: **090154** Reference: **Your name**

Please email David Lawrence (lawrence4@tinyworld.co.uk) and Lesley Morton (bnt.volunteers@gmail.com) to confirm payment

Membership Secretary or Treasurer

Signed ..... Date ..... Receipt No. .....

Please inform the Membership Secretary if any of your personal details change in the future