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| --- |
| Membership Application |
| Title: | First Name(s)  | Family Name |
|  |   |  |
| Preferred ‘nickname’? | Birth Date: | Age:  |
| Address: |  |
|  |  |
| Postcode: |  |
| * Home:
* Mobile:
 |  |
| Email Images, Stock Photos &amp; Vectors | Shutterstock E-mail: | If you are an able/active e-mail user and read documents on line, please provide your e-mail address; if not, please obtain permission and provide one for a family member to avoid missing updates/notices.E-mail address: |
| * Welfare:
 | Do you live alone? |  |
| Emergency Contact ’ICE’ and any medical disclosure is shown on the next page. |
| **Membership cost for through end-May ’25 is £20. Cheque payable to ‘JOYARA’ is preferred.** |

**GDPR (General Data Protection Regulation):**

JOYARA takes the privacy of our members’ data seriously as a ‘controller’ of personal information you provide to us. In summary, we need such data in order to provide core member services, including confirmation of membership, club administration, event and meeting information, and welfare.

Full details will be available to a limited number of Committee members and ‘contact information’ only to the wider Committee members in general and persons authorised when planning events: no information will be shared with any business or affiliate organisation, or used to support ‘cold calling’.

You may change your communication preferences or restrict the processing of your personal data for specific purposes. Agreement to the GDPR statement is not a prerequisite condition for membership but without such it could become impractical to maintain your membership. The Association’s full GDPR statement is contained within the Association’s Constitution: you can download a copy from our website should you so wish, and it is available for review at each meeting.

|  |  |
| --- | --- |
| Your signature here confirms:1. Your request for membership;
2. Your specific agreement to the use of personal data as per the GDPR terms shown above.

GDPR requires a formal acknowledgement of ‘opt-in’. | Sign:Date: |
| **Please detail any specific GDPR constraints you wish applied:** |
| Offered: | No.: | D/base: | Attendance: | Register: | Memb. Card: | Med Form: |

**SIMPLE MEDICAL FORM**

To assist JOYARA Committee Members to be supportive in the event of a medical emergency whilst e.g. attending a meeting in the Community Hall or in the local vicinity, we would appreciate your providing simplified In Case of Emergency (‘ICE’) details.

These will be held on file and made available to medical practitioners should the need arise.

Your details will be held safely and in confidence, as part of Welfare / Membership: in supplying information you acknowledge you do so in the best interests of your own safety and that it is your responsibility to ensure relevant disclosure is kept up to date should your health/medicines change.

Your ICE contact should NOT be your spouse/partner if such person is likely to be accompanying you.

|  |  |
| --- | --- |
| Your name: |  |
| ICE Contact Name: |  |
| ICE Contact Relationship: |  |
| ICE Contact telephone(s): |  |
| Doctor / Surgery Name: |  |
| Doctor Telephone: |  |
| Notable allergies (please note as “None” when applicable): |
| Any other details you wish to disclose?(e.g. Epilepsy, Diabetes needing insulin) |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are required to complete, and carry with you, a detailed Medical Form when attending events and trips. The form is available on the JOYARA website.

Please contact the Welfare Officer or Membership Secretary as soon as practical when change becomes necessary.