



# SOUTHAMPTON MINERAL & FOSSIL SOCIETY

## APPLICATION FOR MEMBERSHIP TO SOUTHAMPTON MINERAL & FOSSIL SOCIETY

Surname:  First name(s):

Address:

Postcode:  Email:

Telephone:  Mobile:

Type of membership required (see below): Single:  Family:  (Please select one)

I/we have read a copy of the Society Rules and agree to abide by them on becoming a member. All documents available here: <https://www.sotonminfoss.org.uk/smfsmemb.htm>. I/we have read and understand the GDPR Privacy Notice and give consent to SMFS contacting me/us by the following means (please select the appropriate boxes below):

Email:  Post:  Telephone:  Mobile phone (including SMS):

SMFS may publish a directory containing Member's contact details which will be made available to other Members in an electronic format. If you consent to your data being shared in this way please select here:   
If you later decide to withdraw your consent **it will not be possible** to remove contact details from distributed material.

SMFS may publish photos of field trips and other Society activities on our website, in social media and in our publications. If you consent to your image being used in this way please select here:

For Family membership: Please give names of any participating partners, family members and children below:

Parental consent is required to process the personal data of children under the age of 16. Consent granted:

Insert PDF signature:  Date:  Paid by bank transfer:

Please Note: By submitting this application form you are agreeing to become a member of SMFS and confirm all terms and conditions have been read and agreed with as given.

### MEMBERSHIP DETAILS

Single membership is for individuals 18 and over only. Family membership includes partners, family members and all children under 18 years of age. The current annual fees are £10 for single membership and £15 for family membership. Please make payment by transfer to our bank: **Metro Bank**, Account name: **Southampton Mineral & Fossil Society**, Sort Code: **23-05-80**, Account number: **51905083**. **Please ensure that your name is used as the payment identifier.**  
The membership year is January to December with all renewal of subscriptions due in January.

Please complete **all sections** of the application form, save the form with your name as the file name (e.g. JSmith.pdf), transfer the correct payment to the account above and email the form to Sally Pritchard the SMFS Membership Secretary at [membership@sotonminfoss.org.uk](mailto:membership@sotonminfoss.org.uk).

A welcome message will be sent when your application is accepted if your consent allows us to.

#### SMFS USE ONLY

Accepted:  Fee Paid:  Joining date:  GDPR consent:  Added to mailing list:

Welcome email sent: