



Babes In The Wood
Sowood WI, Yorkshire

MEMBERSHIP APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

2021 Subscription is £43

(Reduction if new member joins during the year)



Date joined (if known):		Dual Member? <input type="checkbox"/>		If Dual, where are you a member?	
Title:	MISS	MRS	MS	Other:	Salutation:
First Name:			Middle Name:		
Surname:					
House Name or Number:					
Address Line 1:					
Address Line 2:					
Address Line 3:					
Post Town:			Postcode:		
Daytime Tel No:			Evening Tel No:		
Mobile Tel No:			Email address:		
Please provide contact details for use in the event of an emergency					
Emergency Contact Name:			Emergency Contact Tel No:		
Please tick this box if you do not wish images in which you appear to be used in our social media output <input type="checkbox"/>					
Preferred Contact Method:		Email <input type="checkbox"/>	Mobile Tel <input type="checkbox"/>	Home Tel <input type="checkbox"/>	Text Message <input type="checkbox"/>
Do you use the following:		Internet <input type="checkbox"/>	Facebook <input type="checkbox"/>	Twitter <input type="checkbox"/>	
Would you be happy for NFWI to contact you should a suitable media opportunity arise? <input type="checkbox"/>					
From time to time, the NFWI may pass the information it holds about you to carefully selected third parties, subsidiaries and associated companies, to keep members informed of special offers, products and services that may be of interest. If you do not want your details passed to these organisations, please tick this box <input type="checkbox"/>					
Your interests: Craft <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Reading <input type="checkbox"/> Walking <input type="checkbox"/> Art <input type="checkbox"/> Quizzing <input type="checkbox"/>					
Gardening <input type="checkbox"/> Socialising <input type="checkbox"/> Health/Fitness <input type="checkbox"/> Music/Choir <input type="checkbox"/> Environment <input type="checkbox"/> Bowling <input type="checkbox"/>					
Theatre <input type="checkbox"/> Cinema <input type="checkbox"/> History <input type="checkbox"/> Drama <input type="checkbox"/> Photography <input type="checkbox"/> Travelling <input type="checkbox"/>					
Other:					
Please tell us anything else about yourself that will help us get to know you!					

CONFIDENTIAL



WI Member Registration Form

For entry into the Membership Communication System (MCS)

Please complete in **BLOCK CAPITALS**

Federation:	Date Joined : / /
WI:	<input type="checkbox"/> Primary Institute <input type="checkbox"/> Dual Institute(s)
First name:	Last name:
Address:	
Town:	
Postcode:	County:
Telephone number(s):	
Email address: (For My WI and WI Training)	

Thank you for providing your details. We will use your details in the following ways:

(1) To administer your membership and any responsibilities within the WI

If your WI (as you will have identified above) has one, your MCS Representative will upload your details to the MCS which is the central database of WI members. If your WI doesn't yet have an MCS Representative your details will be uploaded by your Federation Secretary. Your details can be accessed by us (your WI), other WIs you are a member of (Dual Members), your federation(s) and by the NFWI (collectively referred to as "**the WI**" here). The WI will use the details you provide in this membership form for our legitimate interests to administer your membership (and if you are an officer, a committee member or have another role, that position) as well as to send you your copy of the WI's membership magazine, *WI Life*, which is sent to you by an external mailing house; and otherwise use your details in line with the NFWI's Privacy Policy (link below).

(2) To send you specific communications that you request

If you subscribe to a specific newsletter such as the *Public Affairs Digest* we will use your details to send you the newsletter. We will always clearly communicate with you about opportunities to receive further communications and we will ask for your consent to receive these communications.

(3) To use Digital WI services (My WI and WI Training)

If you provide us with your **email address** above, you will also be able to take advantage of Digital WI services, currently My WI (<https://mywi.thewi.org.uk>) the dedicated website for WI members and WI Training (<https://witraining.thewi.org.uk>), an online training platform for WI members.

At any time you can ask to view and amend your details. More information is available in our Privacy Policy (<https://www.thewi.org.uk/privacy-policy>) or via email dataprotection@nfwl.org.uk. You can also ask for a printed copy of our Privacy Policy.

Signature: _____

INSTRUCTIONS

WI member:	On completion please hand this form to your WI Secretary or MCS Representative.
WI Secretary:	If your WI does not have an MCS Representative please contact your federation to find out about appointing one; alternatively pass this form to the Federation Secretary.

Please return this form to the member after it has been entered into the MCS; alternatively please securely destroy this form.