

# Gloucestershire Dyslexia Association

## MEMBERSHIP APPLICATION

Please complete and return this form to Mrs I Goff at the following address:

6 Ferndales  
Up Hatherley  
Cheltenham  
Glos  
GL51 8XH

or email it to [ingvildgda@gmail.com](mailto:ingvildgda@gmail.com)

**Application for Full Membership @ £20 per year, bank details below:**

**Christian Name:**

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**Surname:**

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**Address:**

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**Tel. No.**

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**Email:**

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By completing this form, you are agreeing to allow us to administer your GDA Membership, and where necessary share your information internally within the GDA and our parent association the British Dyslexia Association (BDA).

Please note that we will hold your details on computer or in paper format. The GDA is committed to protecting your personal data and it will only be used in relation to activities of the GDA and/or the British Dyslexia Association to which GDA is affiliated. It will not be passed on or sold to any third party.

Should you decide to cancel your membership at any time then your contact details will be deleted from our database.

From time to time, we may wish to contact you with information relating to GDA/BDA events and meetings that might be of interest to you.

If you agree to being contacted in relation to GDA/BDA events and meetings, please tick the relevant boxes to indicate how you would like to be contacted. If you do not wish to be contacted by us, please indicate that by putting a cross in the box provided.

Post  Phone  Email  SMS

I do not wish to be contacted about GDA/BDA events and meetings

An Annual Membership Fee of **£20.00** should be paid into the following account

**ACCOUNT NAME** – GLOUCESTERSHIRE DYSLEXIA ASSOCIATION  
**SORT CODE** – 30 95 72  
**ACCOUNT NUMBER** – 00919548  
**REFERENCE** - QUOTE YOUR NAME

Please sign to say that you want to become a member and agree to GDA collecting, storing and using the sensitive information you have provided in the ways detailed above.

Signed:

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Print name:

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Date:

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