

Gloucestershire Dyslexia Association

MEMBERSHIP APPLICATION

Please download and return this form to our administrator at the following address
ingvildgda@gmail.com

Application for Full Membership @ £20 per year, £10 concessions

Forename:

Surname:

Address:

Tel. No.

Email:

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 or £10** 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:

Date:
