

**Membership Application Form** Please tick a box for the membership you are applying for

**Full Membership**  [ ]  **Associated Membership** [ ]

**Group Membership** [ ]  **Subscriber** [ ]

**Name:**

**Name of group or Organisation:**

**Your Address:**

**Email address:**

**Your Telephone number:**

Do you support the work of All Wales People First? **Yes** [ ]  **No**[ ]

Please read All Wales People First’s GDPR Statement for members

Tick here if you consent to All Wales People First holding and using your data in this way [ ]

All Wales People First will sometimes ask you if we can take photographs or videos at events, and we may want to put them on our website or social media to promote the organisation.

If you consent to your picture or video being used by All Wales People First in this way, please tick here [ ]

We will check regularly whether you still give consent for us to hold your data. You can withdraw consent at any time by letting us know.

**Please sign to confirm your consent**:

**Please write the date you gave consent here**:

You can return your form by email to : claire@allwalespeople1st.co.uk

Or you can post it to All Wales People First, PO Box 1988, Newport NP19 1DT

**Preferred communication: Post: Email: Other \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred language Welsh English Other \_\_\_\_\_\_\_\_\_\_\_**