

CLWYD VETERAN & VINTAGE MACHINERY SOCIETY LTD.
Established 1976

To comply with the General Data Protection Regulations (2018) Clwyd Veteran & Vintage Machinery Society Ltd. need your permission to hold your personal details which we require to contact and inform you of various aspects of society activities and business. Your information will be kept secure and will not be supplied to any other person or organisation without your express permission.
 Your co-operation would be appreciated in completing this form and returning it to the Membership Secretary. In the case of a family membership a separate declaration of consent is required for each member listed aged 13 years or older at the time of joining or renewal. In the case of anyone listed under the age of 13 years a parent is required to sign to give consent on their behalf. When that person becomes 13 years old please request another form so that they can sign themselves on their own behalf.
 Please list overleaf all family club members (as appears on your membership card) in block capitals alongside their signatures or their parental signatures.

NAME.....
 ADDRESS.....

POSTCODE.....

PHONE NUMBERS:
 (HOME).....

 (MOBILE).....

EMAIL ADDRESS.....(Please PRINT clearly)

If you consent to C.V. &V.M.S.Ltd. storing this data please indicate your agreement by signing and dating this document.

Signed..... Date.....

Without your consent we will erase your personal details from our records a. will no longer be able to communicate with you.

Note that you have the right to withdraw your consent at any time by contacting the Membership Secretary in writing A. the appropriate action will be taken as quickly as is reasonably practical to comply with your request

Declaration of consent by club family members for Clwyd Veteran & Vintage Machinery Society Ltd. to hold your personal details as required complying with the General Data Protection Regulations (2018).

PLEASE PRINT NAMES ABOVE SIGNATURES.

NAME:AGE (if under 13).....

SIGNED: **DATE:**

NAME:AGE (if under 13).....

SIGNED: DATE:

NAME:AGE (if under 13).....

SIGNED: DATE:

NAME:AGE (if under 13).....

SIGNED: DATE:

NAME:AGE (if under 13).....

SIGNED: DATE:

CLWYD VETERAN & VINTAGE MACHINERY SOCIETY LTD (EST 1976)

Membership Application Form, January - December 2024

I hereby apply for membership of the CWMS Ltd and agree to abide by the rules of the Society.

Please PRINT all details

Full Name:.....

Address:.....

Post code:..... Telephone:.....

Email address:.....

Type of Membership (Please Tick)

Single - £15.00 Senior Citizen £10.00 (65+)

Family - £20.00 (2 Adults and up to 2 juniors under 16 on 1st Jan 2024 living at the same address) Please list all family members below:

Adult1:..... Adult2:.....

Child 1:..... Date of Birth:.....

Child 2:..... Date of Birth:.....

Do you require insurance cover? (Please tick) Yes No if yes complete **Application for Public Liability Insurance Cover {See Below}**.

I enclose a Cheque/ Cash to the value of£..... For membership of CWMS Ltd from Jan. - Dec. 2024

Return this membership form to the Membership Secretary:
 Gordon Davies, Linden Lea, 14 Rhosnesni Lane, Wrexham LL12 7LY Tel: 01978 290877

Required Tick this box to confirm that in signing this form I agree to CVVMS Ltd holding my personal details for one year.

Signed:..... Date:.....

It is a requirement of Membership that members assist at the annual 2 day show to held this year on Saturday 15th & Sunday 16th June 2024 at Oswestry Showground.

APPLICATION FOR PUBLIC LIABILITY INSURANCE COVER

Date of Birth.....

(for insurance purposes only)

Type of Machine you will be Exhibiting:.....

Please note that the following conditions apply.

1. The exhibit is not a self-propelled vehicle which is required to comply with statutory road traffic act insurance.
2. The Member is a fully paid up member of Clwyd Veteran and Vintage Machinery Society Ltd.
3. The Member displays a notice by the side of his/her exhibit stating that the exhibit is being shown on behalf of the Clwyd Veteran and Vintage Machinery Society Ltd.

Only **one** certificate of insurance is issued per membership (this includes Family Membership). In the case Family Membership should more than one certificate be required then that member must purchase a separate single membership.

THE GDPR form must be completed otherwise membership

Cannot be granted.

OFFICAL USE
Number: _____
Amount Paid: _____
Date Paid: _____
Card issued: _____
Insurance: _____
<small>(Green Card & Certificate)</small>