

WELCOME TO EAST HASTINGS SEA ANGLING



ASSOCIATION

Your Membership Benefits...

- **10% discount on our bar prices (on production of membership card)**
- **Discounted rates on any ticketed events within the club and exclusive early options to buy tickets before other members of the public.**
- **Weekly texts about forthcoming live music and events.**

Your membership application will be submitted to the Committee for approval and you will receive your membership after the next meeting. Memberships are renewable on 1st January each year, not on the anniversary of you joining.

PRIVACY NOTICE: EHSAA will use the information provided on this application form for our own membership records and to communicate with you, when required, regarding your membership. Full records will be kept for the duration of your membership and name and membership number information will be kept on our records for tracking historical membership data for a period of up to 6 years (personal address, phone and email data will be deleted from historical records). Mobile numbers will be used for our text service, only if the opt-in box is ticked on the form. This consent may be withdrawn at any time by contacting the office by phone or email. Your data will not be shared with any third party without your prior permission. Once data is recorded on our system, any paper copies of your data will be shredded before being disposed of and computerised systems holding your data are password protected. If you have any complaints regarding the handling of your data, you have a right to complain to the ICO (Information Commissioner's Office) at www.ico.org.uk

Please like us on Facebook - @EHSAAclub

Contact details in case of query:

Office Tel: 01424 426644

Email – office@ehsaa.club

APPLICATION FOR SOCIAL MEMBERSHIP 2021

I hereby apply to become a Social Member of the East Hastings Sea Angling Association and agree to comply with all the rules governing the activities of the Association. I also agree that, after I am elected into membership, at no time will I or my dependents hold the Association liable for any accident or loss, however caused.

YOUR DETAILS (PLEASE USE CAPITALS)

Date _____

Forename _____ Surname _____

Title: Mr/Mrs/Miss/Other _____

Address _____

_____ Postcode _____

Telephone(s) _____

Please tick to confirm that you would like to receive our informative texts

E-mail _____

Proposed by (CAPITALS) _____

Seconded by (CAPITALS) _____

FEES

HALF PRICE

Subscription £17

PAYMENT METHOD

Card
BACS

Please make cheques payable to EHSAA

For Bank Payments (BACS): Santander Sort Code 09-01-54

Account No. 37376087

PLEASE TEAR OFF THIS PAGE AND HAND IN WITH YOUR PAYMENT