MEMBERSHIP APPLICATION FORM

MEMBERSHIP NUMBER .....

NAME: .....

ADDRESS: .....

.....

.....

POSTCODE: .....

CONTACT NUMBER: .....

EMAIL ADDRESS: .....

I hereby give ☐ /do not give ☐ (Check as appropriate) my permission to use my email address for HSST correspondence only from March 2019 to March 2020.

I also give ☐ /do not give ☐ (Check as appropriate) my permission for any photographs taken at events to be used on the official HSST website and Social Media.

And I agree to pay a membership fee of £5.00 ☐

MEMBER SIGNATURE: .....