

Wilstead Players

I would like to become a member of the Wilstead Players

Name ..............................................

Address ..............................................
 ..............................................
 ..............................................
 ..............................................

Telephone number .............................................
Mobile ..............................................
Email ..............................................

I enclose a payment of:-
£16 Annual Adult Membership
£5 Annual Junior Membership
£8 Single Production Membership

Cheques payable to "Wistead Players" please

Subscriptions may be paid online – Sort Code: 60-02-42; A/C No. 62387561; A/C Name Wilstead Players. Please include your first and last name as the reference.

General Data Protection Regulation (GDPR)

In returning this form you are confirming that you are happy for Wilstead Players to hold your personal details - postal, email address and telephone number on its database to enable appropriate provision of communication. They will not be released to any person unlawfully in accordance with its Data Protection Policy and it will be deleted if and when you expressly request it.

Signed ..............................................

Date ..............................................

Please return to:-
Mrs Judy Jacobs
51 Dines Close
Wilstead
Bedford
MK45 3BU