

# St. Simon's Church Membership Form

First Name.....

Surname.....

House Number.....

Street.....

Post Code.....

Phone.....

e-mail.....

DOB (optional).....

Other family members I would like to be included on the members list.  
Dates of birth are optional. If they are over sixteen, please ask them to countersign below.

Name .....DOB.....

Name .....DOB.....

Name .....DOB.....

Please supply any further names on a separate sheet.

Please also sign the declaration overleaf.

Please read the following information and then sign and date the declaration below.

## Data Protection Notice

The information provided with your application on the Membership List may be used for legitimate purposes connected with the administration and ecclesiastical purposes of the parish of St Simon's Church.

## Disclosure Notice

The information provided may be used to aid church officers and church members in making contact with the other members for legitimate purposes connected with the parish.

I confirm that I accept the Data Protection Notice and the Disclosure Notice.

Signed.....

Date .....