 **The Roma Club**

 **Membership Application Form.**

  **Est. 1985**

 ***Please print details.***

Title..........First Name................................Surname.......................................................

Title..........First Name................................Surname.......................................................

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

...............................................................................................................................

Postcode...............................................Telephone........................................

E-Mail Address ................................................................Date...........................

**Romahome Model.**........................................ ....Registration No..........................

**Payment.** **We would prefer payment by BACs if this is convenient.

Our bank details are as follows : - 30.97.21 a/c 00393737

If paying by BACs, Please return this form to our membership secretary by email to :-
 membership.romaclub@gmailcom
or post it, with your cheque for £20.00 made payable to the Roma Club, to:-

Roma Club Membership Secretary,
27 Ollands Road**

**\* *(if you join after October 1st, your membership will last until the following December— 15 months for the price of 12.)***

**Reepham
Norfolk. NR10 4EL**

*If you need help please telephone and we will return your call.*You can contact us on **07863 414017 *For office use.***

*Date sent.......................................Membership Number.....................................

Cheque / Cash / PO.......................Date..........................* ***Form Ref. 01112022***

**In accordance with the General Data Protection Regulations, please can you give us permission to use the information you have supplied.**  'The information is held for the duration of your membership of the club for the purposes of the distribution of the Romaclub Review and maintenance of subscription records'.
If there are two members both must sign

Please tick….. I consent to my data being used for the above purposes,

Name print …............…..........……… Signed…........................…………. Date......................…

Name print ….............................…… Signed…...........................……….. Date…...............……