

NEPTUNES MEMBERSHIP FORM 2021

NAME: _____ DATE OF BIRTH: _____

SURNAME: _____ ID: _____

ADDRESS: _____

_____ POST CODE _____

EMAIL: _____

MOBILE NO: _____ HOME NO: _____

Tick with a where applicable:

- BASIC MEMBERSHIP
 FULL MEMBERSHIP
 SWIMMING LANE MEMBERSHIP

-
- SENIOR CITIZEN
 COUPLE SENIOR CITIZEN - NAME OF PARTNER _____
 SINGLE
 COUPLE - NAME OF PARTNER _____
 SINGLE **PLUS** CHILDREN NUMBER OF CHILDREN
 COUPLE **PLUS** CHILDREN NUMBER OF CHILDREN
 YOUTH 13YRS – 17YRS
 STUDENT 17YRS+

	SINGLE	COUPLE	KIDS
MEMBESHIP	€	€	€
OTHER	€	€	€
TOTAL	€	€	€

For Office Use ONLY

Receipt No.

Type of Membership

Amount Received

Date

File No.

Applicant

Co-Applicant

I consent to have Neptunes WPSC process my data for the purposes of internal marketing and promotional material regarding Neptunes WPSC services, by post, email, text message and other electronic means.

All personal data will be held by Neptunes WPSC for a period of one year from the date of receipt and shall not be shared with, sold or disclosed to any third parties without your knowledge or consent.

You have the right to withdraw your above-granted consent at any time; this may be done by sending an email on wpcneptunes@gmail.com, or by sending a written request to PO Box 10, St. Julians and informing Neptunes WPSC that you are withdrawing your consent. Neptunes WPSC endeavours to process any such request in a timely manner.

The personal data provided with regard to family members will be used for the sole purpose of assessing whether such family members or the applicant are eligible for a Family Rates under Neptunes WPSC's membership rate structure.

Applicant