



## MEMBERSHIP FORM (please complete in BLOCK CAPITALS)

SECTION 1: PERSONAL DETAILS		
FULL NAME (OF PERSON JOINING BAND)		
DATE OF BIRTH	ADULT	JUNIOR
ADDRESS		
HOME TELEPHONE NUMBER		
MOBILE TELEPHONE NUMBER		
EMAIL		

SECTION 2: EQUIPMENT			
INSTRUMENT PLAYED:			
LOANED INSTRUMENT DETAILS (IF APPLICABLE)	Type and make	Serial Number	Mouthpiece/Mute
LOANED UNIFORM DETAILS	Jacket size	Tie	Bow Tie

I confirm that I have the above equipment and uniform in my possession and will notify and be responsible for any damage, loss or repairs needed

Name (please print) .....




Signature ..... Date.....

*For members under 18 this should be signed by the person holding parental responsibility*

### SECTION 3: PHOTOGRAPHY

As a community resource, we want to raise the profile of the band and need your support to do this.

I do (TICK) or do NOT (CROSS) give (my child / my) permission for the following:

FTB Website   Twitter   Facebook   Instagram  Local press/media

I hereby give permission for Frome Town Band to take or use photos of myself/my child for marketing and promotion purposes, as above

Name (please print) .....

Signature ..... Date.....

*For members under 18 this should be signed by the person holding parental responsibility*

### SECTION 4: DATA PROTECTION

#### DATA

I hereby give consent for FTB to collect, store and use my/my child's information for membership administration purposes, in accordance with FTB's privacy policy

#### MEDICAL

I hereby give consent for FTB to collect, store and use my/my child's medical information in accordance with FTB's privacy policy

#### MARKETING AND PROMOTIONS (optional)

I would/would not\* like to be added to FTB's external marketing and mailing list (e.g. emails about forthcoming events)

Name (please print) .....

Signature..... Date.....

*For members under 18 this should be signed by the person holding parental responsibility*

### SECTION 5: BAND RULES

I have been given, read and understood FTB's rules and policies and agree to abide by these at all times

Name (please print) .....

Signature..... Date.....

*For members under 18 this should be signed by the person holding parental responsibility*

## SECTION 5: EMERGENCY CONTACTS AND MEDICAL INFORMATION

Name of Band Member ..... Date of Birth.....

Address.....

Name of GP/ Surgery.....

### Emergency Contacts

Please provide name and contacts of two people who we can contact in the event of an emergency

NAME	CONTACT NUMBER	EMAIL ADDRESS

### Medical information

Please give details of special circumstances or additional needs that might affect the band member named above, listing any additional needs, medications or allergies. If there is no information, please state "none".  
*Please remember to keep us updated of any changes in medication or medical condition.*

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

It may be essential at some time for authorized person acting on behalf of the band to have necessary authority to seek medical attention in case of an emergency (e.g. accident, illness or incident).  
Please sign below if you give consent for emergency treatment to be given to the named member on this form by trained personnel

Signature..... Date.....

*For members under 18 this should be signed by the person holding parental responsibility*

The information in this document is confidential and is subject to data protection legislation and the band's privacy policy. This information will not be shared with any third party.

The information will be stored securely, either electronically or in print and only used and accessed by authorised band personnel in order to contact you for band related business.