The Society reserves the right to ask members and guests for proof of identity and age. Members must be aged 18 or over. Please complete all sections even if there is no change. Please **PRINT** clearly.

**Name:** …………………………………………………………………………………………………………………………….……

**Address:** ……………………………………………………………………………………………………………………..………

………………………………………………………………………………………..… **Postcode:** ……………………………..

**Telephone: (Home)**………………………………………………………. **(Mobile)** ………………………………..

**Email:** ……………………………………………………………………………………………………………………..……………

**Emergency Contact Name: .......................................... Tele No……………….…….**

**Photographic Honours / Distinctions / Qualifications:**

………………………………………………………………………………………………………………………………..………………

**How did you hear about the Society**: ……………………………………………………………….……………

**What Editing Software do you use:** ……………………………………………………………………

**Do you agree to allow your address, phone/email information to be available to Committee members and Specialist Group volunteers**

Please tick if agreeable. Address **[ ]** Tel. (Home) **[ ]** Tel. (Mobile) **[ ]** eMail **[ ]**

**Annual Subscription Rates (Please tick):**

**Full Membership £52.00 [ ] Concessions *(Retired/Unemployed/Student)* £47.00 [ ]**

You may pay by cash or cheque payable to **“Bromsgrove Photographic Society**” and give it to the Treasurer together with this membership form, duly completed, signed and dated. You may also pay by bank transfer. Please ask for details.

**I wish to opt to pay by Bank Transfer [ ]**

**1. GENERAL MEMBERSHIP CONDITIONS** Subscription to Bromsgrove Photographic Society also includes annual membership of The Midland Counties Photographic Federation. Members agree to abide by the competition rules of both these bodies. See the BPS Annual Handbook & Programme.
**Please tick to indicate your agreement to participate in this.** **[ ]**

**2.** Your membership details are maintained securely on paper and computer files for Society use only, in accordance with the Data Protection Act 2018 and General Data Protection Regulation.

**Please tick to indicate your agreement to this.** **[ ]**

**3.** A portrait photograph of you and every member will be taken and displayed on the Avoncroft notice board each Society night so that members can recognise other members whom they may wish to meet.

**Please tick to indicate your agreement to participate in this.** **[ ]**

**4.** Please note that your name and images may be used by the Society on its website, the Annual Handbook and Programme, social media, newspapers and in connection with outside competitions.

**Please tick to indicate your agreement to this.** **[ ]**

**5.** You should also note that the Society uses several Google Groups distribution lists for communicating with members. All members’ data will be added to the main list and the specialised lists as necessary.

**Please tick to indicate your agreement to your data being stored on Google Groups and to receiving communications from the Society whilst you are a member.** **[ ]**

**6. MEMBERSHIP CONDITIONS FOR APPEARING IN PHOTOGRAPHS and VIDEOS**

The area in and around the Society’s premises is used for photography and to record video. From time to time the Society organises events away from its premises and the following conditions apply equally.

By your presence in and around the Society’s premises or outside events, you grant your permission for you and anyone accompanying you to be photographed and/or recorded. Photographs and video recordings may appear in any type of media without prior notification, compensation and/or credit or other consideration to you.

**Please tick to indicate your agreement to these membership conditions for appearing in photographs and videos. [ ]**

**You may ask at any time for a copy of the details held in your name, change details or remove them and all history. Should you become aware of a breach or misuse of personal date albeit your own or that of another member, you must immediately inform the Webmaster, Chairman or Secretary.**

Signature: ................................................... Date: ..............................................