

Family & Community Historical Research Society

New Member Information Form

Please can you fill in the information below to enable the Membership Secretary to create your membership record. The lines marked with a * are required information.

*Name of Applicant: Mr/Mrs/Miss/Ms/Prof/Dr _____

*Address: _____

*Post Code _____ Telephone/Mobile: _____

*Email address: _____

Research Interests _____

How did you hear about the Society _____

I would like FACHRS to reclaim the tax on any membership subscription or donations made by me from 20/04/2018 until I notify you otherwise (please tick box to confirm you are willing and eligible to gift aid) You must pay an amount of income tax and/or capital gains tax equal to the tax reclaimed on your donations. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.

I understand that FACHRS will keep my information within the Society Member's Database maintained by the Membership Secretary until such time as my membership of the Society ceases and it will be deleted in accordance with the FACHRS Data Protection Policy published in the Members' Pages of the FACHRS website.

I understand that my membership is for a calendar year commencing 1st February and that to continue to receive the benefits of membership I should renew my subscription annually.

I understand that my email address will be used to contact me only on Society Matters and that my email address will not be shared by FACHRS with any third party except as below.

I understand that my email address will be given to Taylor & Francis for the sole purpose of them giving me access to the online back issues of the FACH Journal (*Family & Community History*)

I understand that my name and address will be given to Taylor & Francis for the sole purpose of them mailing the Family & Community History Journal to me.

I understand that I will be provided with a User Name and Password for access to the Members' Pages on the FACHRS website and that I may update my membership profile at any time by completing an update notification within the Members' Pages or by email/letter to the Membership Secretary.

I understand that FACHRS Data Protection Policy is available for me to view in the Members' Pages on the FACHRS website.

Signed _____ Dated _____

Please print this form, sign it and then either scan it or photograph it and email it to membership.secretary@fachrs.com . Or post it to: Brita Wood, FACHRS, 2 Devonshire House, High Street, Stalbridge, Dorset DT10 2LN