



**San Miguel Centre:**  
 Calle Lope de Vega 46,  
 San Miguel de Salinas 03193, Alicante  
 Telephone: 966 723 733  
[www.helpvegabaja.com](http://www.helpvegabaja.com) E-mail [membership@helpvegabaja.com](mailto:membership@helpvegabaja.com)

**APPLICATION AND RENEWAL FORM**

Title		
Name		
Address		
Locality		Town:
Post code		Date of birth:
Mobile		Tel No:
Email		NIE:

I confirm that all the information including details regarding identity are true and accurate

Membership of HELP Vega Baja is open to anyone who is interested in furthering its purpose and who, by applying for membership has indicated his or her agreement to become a member and is willing to co-operate with the wishes of the Association. In addition:

- Persons must not be subject to any legal obligations that may affect their rights as a member
- Any child between the ages of 14-18 must have the official written consent from the person responsible for them
- To share the aims of the Association and to cooperate in its achievements
- To comply with all the statutory provisions
- To accept and fulfil agreements made and adopted at either AGM or EGM, as appropriate

It is the duty of each member of HELP Vega Baja to exercise his or her own powers as a member in the way he or she decides, in good faith and in a way that would be most likely to further the purposes of HELP Vega Baja

I have read and agree to the terms of membership above

By signing this form you are confirming that you are consenting to us holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-

I consent to allow you to hold my data for the purpose of membership of the association and to access any members benefits entitlement

To keep me informed about news, events, activities

If I attend any Help Function I consent to my photograph being taken to be used for publicity purposes

I consent to you contacting me by :  phone and/or  email

Signed \_\_\_\_\_ Date \_\_\_\_\_

Membership type: New  Renewal

Membership period from:

to:

	Fee
1 year	10 €
I wish to make a donation of	
<b>Total cash /or visa</b>	

**For volunteer use only**

Welcome pack issued to new member  (tick ) Form accepted by..... Date.....

Input by.....Date..... Scanned ..... Date.....Web.....Date.....Checked.....Date.....