

OWWSA

Official Wycombe Wanderers Supporters Association

2023-2024 Membership Application Form

Title & Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please note that communication to members will be by E-Mail wherever possible

Membership Fee £12

Payment Method Cash  Cheque  Bank Transfer 

 Payable to OWWSA Sort Code 20-40-71 Account 30961116 Ref Name

Please send payment, or notification of bank transfer to:

OWWSA Membership Secretary

2 Telston Close

Bourne End

SL8 5TY

E-Mail membership@owwsa.co.uk

Phone 07941 414417

Further forms can be obtained from the Commercial Office or downloaded from [www.owwsa.co.uk](http://www.owwsa.co.uk)

**General Data Protection Regulations 2018**:

**The information you have provided on this form will be used by OWWSA for purposes only in connection with the running of OWWSA, which includes communicating by post, telephone and e-mail. It will never be disclosed for marketing purposes. The information is stored on a computer and backed-up from time to time for security purposes. Information details may be provided to OWWSA committee members by e-mail or telephone when it is needed to facilitate the running of OWWSA and/or provide membership benefits to you. The OWWSA committee may produce a directory of the members available, only to its committee members, in which this information will be published. Your information can be removed from our stored records within 28 days of a written request to the address on this form. You have the right to complain to the Information Commissioners Office if you believe there is a problem with OWWSA’s handling of your information.**

**Completion of this form indicates that you have read and accepted these terms**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_