



KILKENNY PHOTOGRAPHIC SOCIETY

EST 1983

FOR YEAR:

MEMBERSHIP APPLICATION FORM
PLEASE FILL IN ALL SECTIONS AND PRINT ALL DETAILS

MEMBERSHIP No:

Name: _____ New member Renewing member

Address: _____

Date of birth: _____ Email: _____

Mobile phone: _____ Other: _____

Employment Status: Employed Self-employed Unemployed Retired [66+]

Membership rate: Full Reduced Instalment

Photographic experience: Novice Intermediate Advanced

Are you a member of any other camera club or society? [Please Specify]:

Distinctions held (please circle): LIPF AIPF FIPF LRPS ARPS FRPS

Others: [Please state]: _____

I subscribe to and undertake to further the aims and objectives of the Kilkenny Photographic Society (KPS) and to abide by its Rules.

I understand the personal data on this form ("Personal Data") will be used by the KPS for the contractual purpose of registering (or reregistering) and maintaining my Membership.

I understand that the Personal Data will be retained by the KPS for such period as my Membership subsists.

I understand that I can resign my Membership by writing to the KPS and my Personal Data will then be erased.

I understand that my Personal Data will also be used for administrative purposes to maintain my Membership including Society competitions, administration, registrations, disciplinary matters and for statistical purposes.

I understand that if I do not provide my Personal Data my Membership cannot be registered with the KPS.

I have read the important Data Protection information above and give my consent, by signing below for my information to be used as follows:

(1) To provide me with updates regarding Society activities such as competitions, meetings and Society events.

(2) To provide me with details of Society fundraising activities, social occasions, ticket sales, etc.

(1) I am aware that my photograph or video image may be taken whilst attending or participating in KPS activities and I consent to it being used by the KPS for items like competition programmes, year books, annual exhibition, event reports or on the Society website or social media channels.

I understand that I can withdraw my consent at any time by writing to the KPS secretary.

I understand my rights under Data Protection legislation, as outlined above on this form.

Signed: _____ Date: _____

Signed on behalf of KPS: _____ Date: _____