



**Littleborough Historical and
Archaeological Society**

Spanning the Bridge of Time

Membership Form

As a result of changes in the UK law, we now need your consent as to how we communicate with you.

Please fill in the contact details you want us to use to communicate with you.

Title _____ **Surname** _____

First Name _____

Address _____

Post Code _____

Email address _____

Telephone number _____

Mobile number _____

By signing this form you are confirming that you consent to LHAS holding and processing your personal data.

Please tick where you grant consent.

I consent to LHAS contacting me by:

Post

Telephone

Email

Text

I also consent to being contacted:

To keep me informed about events and meetings.

If you are a UK tax payer please indicate if you are willing for us to use your details for the purpose of Gift Aid

Signed _____ **Date** _____

Return To
Littleborough Historical and Archaeological Society
17 Alderbank, Wardle, Littleborough. OL12 9NH

You can change or withdraw your consent at any time by contacting the Secretary of LHAS.