## Stockland Community Pub Limited (SCPL) Membership Application Form

This Form contains 3 parts. The first 2 parts are mandatory - you must complete and sign parts 1 and 2 of the form or your application may be delayed or rejected. Part 3 is optional.

Part 1 SHARE APPLICATION – MANDATORY (YOU MUST COMPLETE THIS IN FULL AND

SIGN THE	DECLARATION)		
FULL NAME			
ORGANISA	FION (If applicable)		
ADDRESS			
POST CODE			
CONTACT P	HONE NUMBER		
CONTACT E	MAIL ADDRESS		
	ecome a member of Stockland (	•	ited in accordance with the rules and otal)
PAYMENT I	DETAILS (choose 1 method only	<b>(</b> )	
	nclose a cheque payable to Stoc ave made a BACS payment of £1	•	b Limited to the value of £100.00 Community Pub Limited
REFE	FERENCE: Please use your	SORT CODE:	20-30-47
name a	e and initial(s) eg JSMITH, to	A/C NUMBER:	53417247
	fy your payment	DATE OF PAYM	IENT
DECLARATI	ON		
	e Rules. I understand that the in		ociety and agree to be bound by its this form will be entered onto a
SIGNED			DATE

PLEASE SIGN & DATE PARTS 1&2 AND (optionally) PART 3. PLEASE RETURN YOUR COMPLETED FORMS TO:

The Secretary, Stockland Community Pub Limited, Shorms, Stockland, Honiton Devon EX14 9DQ

# Part 2 DATA PROTECTION AND COMMUNICATION – MANDATORY (YOU MUST COMPLETE THIS PART IN FULL AND SIGN THE DECLARATION)

#### **Data Protection**

SCPL is required by law to maintain the details entered in Part 1 onto a Members Register which is held on a database. We will never share your personal information with any third parties, unless we are legally obliged to do so. We will only contact you with your consent.

### **Members Meetings**

Under our Governance Rules, we are required to give 14 clear days notice of any Members Meeting. We will contact you via email for this purpose, and also advertise such meetings on local notice boards.

#### Other Communications From SCPL

Under the General Data Protection Requirement (25<sup>th</sup> May 2018), we can only contact you about other matters if you give us your prior consent. Please read through the following list and tick the items that interest you and for which you would like to receive information.

	I wish to receive email notifications when a new article appears on www.scpl.org.uk
	I wish to receive email news items from SCPL
	I wish to receive email notifications of SCPL fundraising events
	I wish to receive email notifications of community events / activities hosted by SCPL
I am o	RATION  ver 18 years of age. I understand that the information given on this form will be entered onto outer database.
SIGNEI	DATE

PLEASE SIGN & DATE PARTS 1&2 AND (optionally) PART 3. PLEASE RETURN YOUR COMPLETED FORMS TO:

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# Part 3 NOMINATION OF SHARES UPON YOUR DEATH

## You are not obliged to fill in this Part of the Application Form.

Under the current legislation, you can nominate a person aged 18 or over to whom you wish <u>up to £5,000 of</u> your shares to be transferred upon your death. We very much hope that you will consider nominating Stockland Community Pub Limited as a beneficiary. Stockland Community Pub Limited will respect your wish in so far as the law and our Rules permit.

Personal details of your nominee	
First name(s) in full	
Last name	
Address	
Post Code	
I understand that it may not be possible for Stockland Community Pub Limited to action	on this request and I and
my heirs will not hold the Society responsible for its actions. I understand that these is	· · · · · · · · · · · · · · · · · · ·
revoked or amended by my giving clear written instructions to the Secretary of the So	
Office.	, .
Signed as a Deed	Date
Name to water	
Name in print	
Signature of Witness	
(Witness must not be the benefiting nominee)	Date
Name in print	
Address of Witness	
Dest Code	
Post Code	

PLEASE SIGN & DATE PARTS 1&2 AND (optionally) PART 3. PLEASE RETURN YOUR COMPLETED FORMS TO:

The Secretary, Stockland Community Pub Limited, Shorms, Stockland, Honiton Devon EX14 9DQ