

THE SCOTTISH RETIRED TEACHERS' ASSOCIATION

JOINING FORM

I, _____ (full name in Capitals)

wish to become a member of the Scottish Retired Teachers' Association.

Address _____

Postcode _____

Preferred Branch _____ (or the Secretary will send your application to the nearest branch to your home. If you live in an area where no branch exists, you may become an Individual Member.)

Email address _____

Telephone No. _____

Signature _____

Date _____

Your signature implies that you consent to having your data stored and used by the Association according to its Privacy and Data Protection Policy. The Scottish Retired Teachers' Association treats your privacy rights seriously. The details of our Privacy Policy and Data Protection Policy are available on this website or from the Secretary at the address below.

Please print this form and send to:

THE SECRETARY
SRTA
HIRSTIN
LADYLANDS DRIVE
JEDBURGH
TD8 6TD