## Application for Membership of The Isle of Wight Learning Zone (IWLZ).

Name(s) of Parent(s) or Guardian(s):		
Address:		
	Postcode:	
Name(s) of Child(ren) and Date(s) of Birth (please add additional children)	ren on separate sheet):	
M/F	/	/
Telephone Numbers:		
Email Address:		
I agree to be contacted via e-mail by the IWLZ co-ordinators (informat third parties)	ion will not be shared to	YES/NO
Your contact details can be included on a membership list that is availand e-mail addresses only.	able to IWLZ members. This i	includes adults' names
I agree to our contact details appearing on the IWLZ membership list		YES/NO
I agree to my child's photograph being used for public promotion of the media, website, local paper etc.	ne charity via social	YES/NO
Isle of Wight Learning Zone Annual Family Membership Fee is payable November 1 <sup>st</sup> – October 31 <sup>st</sup> (a full year) £20 February 1 <sup>st</sup> – October 31 <sup>st</sup> (9 months) £15 May 1 <sup>st</sup> – October 31 <sup>st</sup> (6 months) £10 August 1 <sup>st</sup> – October 31 <sup>st</sup> (3 months) £5 Fee applicable (per dates above)		£
Donation to the Isle of Wight Learning Zone:		£
Paid by bank transfer/cash/cheque (delete as applicable)		
Cheques should be made payable to ISLE OF WIGHT LEARNING ZONE Bank transfer to:		
Isle of Wight Learning Zone Lloyds Account Number: 26009668 Sort Code: 30-97-21		
PLEASE STATE YOUR SURNAME AS A REFERENCE OR WE MAY NOT BE ABLE TO TRACE YOUR PAYMENT		
I/We have read the Isle of Wight Learning Zone Membership pack. I/We accept the Rules contained within and agree to be bound by them. Please make us members of the Isle of Wight Learning Zone.		
Signed:	Date:	

All personal information is held on a database for the Isle of Wight Learning Zone. This information will never be passed on to any third party.

Please return to Francesca Cooper (membership secretary) at The Barn, Carters Stables, Carters Road, Ryde PO33 4BP or

lzmembershiprequest@yahoo.com