

## MEMBERSHIP January 2025

Before completing your application, please read the **Membership Policy** and the **Data Protection Policy**: (Go to **pedas.org.uk** - click the menu option **Membership** - select **Policy Documents**)

Member Name *	
First Name	Last Name
Address	
Address 1	
Address I	
Address 2	
City	County
Gity	County
Post Code	
Telephone Number *	Mobile Number
At least one phone number is required	Additional phone number
E-mail Address	
example@example.com	

Account Name	Account Number	Sort Code	Reference
PEDAS	49285660	30-90-89	your name
Alternatively:			
		S Membership Secre	etary (or bring along to a weekly meeting)
with a cheque made	out to PEDAS for £35.		
PEDAS Membership	Secretary:		
reda Rhodes, 5 Ken	sington Drive, Bournemo	uth BH2 6DF	
	t you have read both do		ow (links above) *
I have read and a	agree with the Membershi	p Policy	
I understand and	d agree with the Data Prot	ection Policy	
	gi	ftaid	it
you.  To qualify, you equal to the tax subscription).  Complete below	ou give us, we can reclaim must be a UK taxpayer pa k that we reclaim on your s w to increase the value of	an extra 25p from F ying an amount of In subscription for the	HM Revenue & Customs – at no extra cost ncome Tax and/or Capital Gains Tax at leayear (currently 25p for each £1 of and all future subscriptions/donations until
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