vbxApplication 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 of	children on separate sheet):	
M/F	/	/
Telephone Numbers:		
Email Address:		
I agree to be contacted via e-mail by the IWLZ co-ordinators (info third parties)	rmation will not be shared to	YES/NO
Your contact details can be included on a membership list that is a and e-mail addresses only.	available to IWLZ members. This ir	ocludes 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 media, website, local paper etc.	of the charity via social	YES/NO
Isle of Wight Learning Zone Annual Family Membership Fee is pay May 1 st – April 30 th (a full year) £20 August 1 st – April 30 th (9 months) £15 November 1 st – April 30 th (6 months) £10 February 1 st – April 30 th (3 months) £5 Fee applicable (per dates above)	yable pro rata as follows:	•
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 ZO Bank transfer to:	DNE	
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 be bound by them. Please make us members of the Isle of Wight		d within and agree to
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. Isle of Wight Learning Zone, Registered charity number: 1164400.

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

Izmembershiprequest@yahoo.com