**Application for Individual or Organisational membership of ECUK**

**ONE YEAR FREE INTRODUCTORY MEMEBERSHIP OFFER!**

**Please tick the type of membership requested:**

**Individual Organisational**

*Turn over for more information*

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| **Individual application** | | | |
| Full name: |  | | |
| Address and Postcode: |  | | |
| Mobile phone: |  | Day time phone: |  |
| Email: |  | | |
|  | | | |
| **Organisational application** | | | |
| Full name:  Company name: |  | | |
| Company Address and Postcode: |  | | |
| Mobile phone: |  | Day time phone: |  |
| Email: |  | | |
| **Are you happy for us to contact you with information about our future events and newsletter?**  **YES NO**  Note**: All members of the Council are asked to provide the ECUK with a postal address and telephone number(s) for the purpose of official communication. The information that you provide is protected by the General Data Protection Regulation 2018**  ***I agree for the Equality Council UK to hold my information on their database and send me promotional material and information in relation to their work.***  ***I will notify ECUK in writing should I wish to unsubscribe from this service***  **Signature:**  **Date:**  **To hand in the membership form you can do one of the things mentioned below:**   1. Hand the form to a member of the ECUK team 2. Post the form to the address found on the top right of this page 3. Scan the form and email it to: admin@mkequalitycouncil.org.uk | | | |