

**EXMOUTH TWINNING ASSOCIATION - APPLICATION FOR MEMBERSHIP**

**Please print clearly**

Family/last Name: .....

Adult first names : (a)..... Title .....

(b)..... Title .....

Address: .....

..... Post Code: .....

Telephone number Daytime: ..... Evening: .....

The Association aims to carry out most communication by email so, if you have one, please give your email address: .....

Children's first names (c) ..... (d) .....

Tick the link(s) that you are interested in. - Dinan, France ..... Langerwehe, Germany.....

How many people could you host? .....Adults .....Children

Do you know a member of the Twinning Association? If so please give name .....

How did you hear of the Twinning Association? .....

We endeavour to twin members with suitable counterparts in France or Germany, so to assist us in this respect would you please provide the following information for each person named above. Information on ages is also required for insurance purposes.

	(a)	(b)	(c)	(d)
Date of birth				
Current occupation / occupation before retirement				
Hobbies and interests				

Your ability to speak other languages; on a scale of 0 to 5, where 0 equals none and 5 equals fluent, please indicate your family's command of: -

	(a)	(b)	(c)	(d)
French				
German				
Other				

**Special requirements**

Do you or any member of your family have a dietary requirement or an allergy that a host would need to know about? Yes / No

If yes, please give details .....

**Smoking**

Do you or any member of your family smoke? Yes / No. If no would you be prepared to -

(i) stay with a family that includes smokers? Yes / No

(ii) host a family that includes smokers? Yes / No

**Pets**

Do you have any pets? Yes / No If yes please state type of animal/s .....

Are you prepared to stay with a host who has a cat, dog or other animal Yes /No

**Emergency Contact**

Please give an emergency contact (relation or friend) for use if you should be taken ill or have an accident on a twinning visit

Name..... Relationship .....

Telephone number .....

Please note: Members’ names and contact details (except for the emergency contact) are included in a booklet printed annually and distributed to all members.

**Payment**

Please enclose a cheque for £25 (individual) / £50 (family) [delete as applicable] membership, payable to **Exmouth Twinning Association**, for your subscription for the year commencing 1<sup>st</sup> April .....

Your application will be considered by the Twinning Committee members at their next meeting. The secretary will contact you after the meeting and your cheque will only be presented to the bank after the committee members confirm your membership.

You are assured that your data will be kept and used only for the purposes of **Exmouth Twinning Association** for the duration of your membership in compliance with the General Data Protection Regulations 2018.

By giving your contact details and signing below you consent to **Exmouth Twinning Association** holding and using your data to manage your membership and twinning visits, to produce the Members’ Booklet and to keep you informed of the Association’s news and activities.

Signature/s (of all adult applicants) .....

.....

Date .....

Please return this form to the Secretary, **Maggie Gingell, 15 Raddenstile Lane, Exmouth EX8 2JL.**  
If you have any queries email the Secretary on [maggiengingell@aol.com](mailto:maggiengingell@aol.com)