

# JOIN TODAY

Membership is **FREE**



Name:

Address:

Postcode:

Telephone Number:

Email:

Please indicate if you are:

Member of the community

Ex pupil (indicate which school)

Other (please provide details)

Signed:

Date:

Please return this form to:

# To help us with future planning please could you answer the following questions

What level of membership would you prefer? (please tick)

**Level 1:** Keep me informed via newsletters and websites

**Level 2:** Contribute through questionnaire etc

**Level 3:** Participate:

I am interested in being involved in  
Friends of Dovestone Learning Partnership.

I would be interested in attending an information event

Any other comments?

I give my consent for the Dovestone Learning Partnership (DLP) to hold the voluntarily provided information indicated below and to use it for the purpose of developing the DLP.

I understand that information provided to the DLP will be securely recorded and handled in accordance with the General Data Protection Regulation 2018.