Dear Member,

This has been another unusual year for us all but thankfully we are now back to some form of normality. On behalf of SWI we would like to thank you for your support, and we hope that you will want to renew your membership. We have a full programme of activities planned for the year and hope you will be able to join us to enjoy them.

**The subscription from 1st April 2022 until 31st March 2023 is now due**

**THE FULL YEAR MEMBERSHIP IS £44.00**.

**DUAL MEMBERSHIP, (where you pay full membership at another WI) is £21.60.**

There are three options for payment:

1. **By BACS to Saddleworth Women’s Institute.**

**30-90-89 50358968** with reference **“your surname RENEWAL”**

Please also email saddleworthwi.membership@gmail.com to confirm the following:

1. Whether you wish to renew as a Full or Dual Member
2. The amount you are paying - £44.00 or £21.60
3. Whether you are paying by BACS or Cheque
4. That there are no changes to your name, address, email, phone or mobile numbers OR please inform us of any changes.
5. That you have read the attached GDPR/Photo Consent Form and agree to all clauses OR return the signed form to our Treasurer at the address below or at a meeting indicating which clauses you do not consent to.
6. **By cheque made payable to Saddleworth WI posted to our Treasurer:**

**Mrs Deborah Thompson, 29 Church Road, Greenfield, Oldham OL3 7LQ**

1. **Cash or Cheque handed to the Treasurer at your next members’ meeting**

**For options 2 and 3 please send the tear off slip below with your payment**

**----------------------------------------------------------------------------------------------------------------------**

**NAME:** (Block Capitals please) **………………………………………………………………………………**

**RENEWAL: Full member at £44.00 or Dual Member at £21.60** (delete as appropriate)

**DETAILS:** I confirm that there are no changes to my name, address, email or telephone numbers

 (or write any changes overleaf)

**GDPR / PHOTO CONSENT:** I accept all the clauses / I will return a signed amended form

**Signed** …………………………………………………………………………………….. **Date:** ……………………………………….