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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL DETAILS** | | | | | | | |
| **NAME:** |  | | | | | | |
| **ADDRESS:** |  | | | | | | |
| **POST CODE:** |  | | | | | | |
| **EMAIL:** |  | | | | | | |
| **TELEPHONE:** |  | | | | | | |
| 1. **APPLICATION STATUS** | | | | | | | |
| I AM RENEWING MY MEMBERSHIP | | YES | No | I AM APPLYING FOR MEMBERSHIP | YES | | No |
| 1. **METHOD OF PAYMENT: £20 Annual Fee *please tick as appropriate*** | | | | | | | |
| I am paying by cash/cheque  **Cheque payable to: Zimbabwe Life Project**  **On rear of cheque please state Membership fee’** | | | | | |  | |
| **I am paying by bank transfer**  **Account Name: Zimbabwe Life Project (Lloyds Bank)**  **Sort code 30-90-89**  **Account number 49546268**  **Reference “Membership Fee”** | | | | | |  | |
| 1. **RULES AND REGULATIONS** | | | | | | | |
| I confirm I am at least 18 years of age and wish to subscribe to the Articles of Association (governing document) and Membership Regulations and be bound by their requirements and any other adopted by the Zimbabwe Life Project, as a registered Charitable Incorporated Association  **SIGNATURE:** **Date:**  Once completed please email together with receipt of your payment to:[**info@zlp.org.uk**](mailto:info@zlp.org.uk) | | | | | | | |
| 1. **USE OF PERSONAL INFORMATION** | | | | | | | |
| By signing this application form you agree to ZLP retaining your data securely. We will not disclose any of your information to any third party, except to help prevent fraud, or if required to do so by law. For further information on how your information is processed, how we maintain the security of your information, and your rights to access the information we hold on you, please contact [info@zlp.org.uk](mailto:info@zlp.org.uk) | | | | | | | |
| 1. **REVIEW OF APPLICATION** | | | | | | | |
| **The CEO will review your application and you will be notified of the outcome within a maximum of 4 working weeks** | | | | | | | |
| 1. **INTERNAL USE ONLY** | | | | | | | |
| CEO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | |