



Registration Form

CMWA

PERSONAL INFORMATION

Date: ____/____/____

FULL NAME (Main applicant) _____

GENDER Male Female Other

DATE OF BIRTH _____ COUNTRY OF BIRTH _____

NATIONALITY _____ RELIGION (Optional) _____

RESIDENCE STATUS Citizen/PR Work Permit/ILR Student Other

MARITAL STATUS Single Married Other

FAMILY MEMBERS
AGE & RELATION
(Mandatory)

CONTACT INFORMATION

HOUSE/FLAT No. _____

STREET _____ TOWN _____

POST CODE _____ COUNTY _____

PHONE _____ EMAIL _____

PROFESSIONAL INFORMATION

WORK STATUS Employed Unemployed Job Seeker Retired

PROFESSION _____

COMMENTS
(Family member's profession etc.)

Declaration:

By submitting this application for membership, I acknowledge that CMWA collects and processes my personal data in accordance with its Privacy Policy I understand and agree to the following: My data will be used for the following purposes: Processing my membership application, Providing membership benefits and services, Communicating with me about membership-related matters, informing me about the upcoming events. My data will be shared with the following third parties: payment processors, event organizers, I have the right to access, rectify, erase, or restrict the processing of my data. I can also object to the processing of my data for marketing purposes. I understand that I can withdraw my consent at any time.

Signature _____

Help Desk: +44 7979 463775
info.cmwa@gmail.com
www.clactonmalayaleewelfare
association.co.uk

56 Dudley Road
CO15 3DW
Clacton-on-Sea

Yearly membership fees:
Family Membership (up to 4 people): £25 +£10 for each additional member
Single Membership: £20, Student Membership: £15 (Valid ID required)