Join us

New Member Information



1111	e & full name*:							
Но	use number & street*:							
Tov	vn*:	County/State*:		Country*:				
Tele	ephone*:		Mobile*:					
Em	ail*:							
Nar	me and country as I wis	sh them to appear on m	ember lists:					
l wi	ill make my dona	ation as follows	select one):					
£	25 a month £75 qua	arterly £150 biannua	lly £300 annual	ly Other_				
	Online at www.wagg	gs.org/en/support-us/o	b-ps/ob-ps-associat	e-members/				
	By cheque made out to WAGGGS							
	By bank transfer							
	Bank: Address: Sort Code/Bank No. Payee: Account No: Swift Number: IBAN Code: IBAN BIC:	WAGGGS 39872947	Box 3043, 141Ebur	ry Street				
	By credit or debit card							
	Cardholder Name: Card Number:_ Expiry Date:		Card Security Code	<u>.</u>				
		e:						

Data protection and confidentiality

We'd love to keep you updated on the impact which your support will have on girls and young women. Please check the boxes below so that we can stay in touch. You can contact us at any time to change your preferences.

Please refer to WAGGGS' privacy policy on the website for our full data protection policy: www.wagggs.org/en/privacy-cookies/

You may contact me by:

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