

BPA Junior Pig Club Membership Form



YOUR PERSONAL INFORMATION (please print)

NAME: Mr / Mrs / Miss / Ms								
ADDRESS:								
		COUNTY (choose from	our list)				
POST CODE:		r first choice phone number)	МОВІ	LE				[
EMAIL								
DATE OF BIRTH		F JOINING		JNDER £	210	13 TC	O 21 £1	5
Signed Please tick this box if you d						public	ity.	
Parent/Guardian signature (fo In signing this form you are organised at by Junior Pig (members/officials. Any falsi	agreeing to allo	w your child t n being trans	to participa ported, if re	te in law equired,	ful act	ivities er JPC		
Return this form to the BPA O	ffice with the follo	wing:						
Full Parental Consent Form for under 18's								
Payment e.g. Direct Debit form	m							
Gift Aid. If you are a UK tax a registered charity we can	claim an additio	ke a moment	to complete the Treasu	e the Gif	t Aid fo	orm so	 that a	S
Donor Full Name:								
Donor Address:								
				Post Code	e:			
To be completed by BPA - Mei	mbership Number							
Please use all donations I make	to the British Pig A	ssociation as Gi	ft Aid donatio	ns.				
Signed			Date					



Direct Debit Mandate

Instruction to your

Bank or Building Society

to pay by Direct Debit



British Pig Association

Please fill in the whole form including official use box using a ball point pen and send it to: Service User Number (SUN) **British Pig Association Trumpington Mews** 40B High Street FOR OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society. **Trumpington** Important - Please complete these details: Cambridge Account Holder(s) Name & Address: (please print) **CB2 9LS** Name: Name(s) of Account Holder(s) Address: Postcode: Bank/Building Society account number **Email Address: Branch Sort Code** Instruction to your Bank or Building Society Please pay PSL re British Pig Association Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re British Pig Association and, if so, details will be passed Name and full postal address of your Bank or Building Society electronically to my Bank/Building Society. Address Signature(s) Postcode Date Reference Number Banks and Building Societies may not accept Direct Debit Instructions from some types of account

The Direct Debit Guarantee

This guarantee should be detached and retained by the Paver.



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
 The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change PSL re British Pig Association will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by PSL re British Pig Association or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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BPA Junior Pig Club Parental Consent Form (under 18's only)



All young persons under the age of 18 years must have permission from at least one parent or guardian before joining BPA Junior Pig Club. Activities will include, outside visits including visits to farms with livestock and agricultural shows with live stock classes as well as club meetings, competitions and social events.

MEMBERS DETAILS:

Name:		Club:					
Date of Birth:		Age of Joining:					
Address:							
	Post Code:						
Contact Telephone No/Mobile:							
EMERGENCY CONTACT DETAILS:							
1) Name:							
Address: (If different to above)							
	Post Code):					
Telephone Home:	Work:	Mobile:					
2) Name:							
Address: (If different to above)							
	Post Code):					
Telephone Home:	Work:		Mobile:				
MEDICAL HISTORY:							
Name of Doctor:							
Address:							
	Post Code):					
Telephone No:							

I confirm that the young person has not suffered from any recurring medical condition within the last 12 months which requires regular treatment. YES/NO (If YES please provide details)

Is the young person allergic to anything? (e.g. penicillin) YES/NO (If YES please provide details)



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MEDICAL TREATMENT

The above medical information is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the chairman/club leader acting on behalf of the club to hospitalise or treat my son/daughter, including proper anaesthesia, injections or surgery.

Signature of Parent/Guardian: Date:
TRANSPORT: I give permission for transport to be provided by a BPA Junior Pig Club officer, volunteer or member of either sex to and from meetings, visits and other activities.
Signature of Parent/Guardian: Date:
PHOTOGRAPHY/VIDEOING: Under the Data Protection Act 1998 we need to obtain your consent before photographing/videoing your son/daughter. We therefore ask your consent for still photographs/video production to be taken of your son/daughter either by Junior Pig Club or the British Pig Association for use within displays, the website or for marketing and advertising purposes; in addition, local/regional/national press may also photograph participants on occasions such as Agricultural Shows and Award ceremonies.
Signature of Parent/Guardian: Date:
PARENTAL CONSENT FOR MEMBERSHIP
I have read and given the required information above and give my consent forto be a participating member of Junior Pig Club.
Signature of Parent/Guardian: Date: