



## Application for Associate Membership

### Required information

(please print)

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

County or State or town where resident:

\_\_\_\_\_

### Acceptance

I understand that, in signing this application, I accept that the information I provide here will be held in accordance with The T-Exchange Privacy Statement.

Details of the T-Exchange Constitution and Privacy Statement can be accessed on our web site via the Members page.

### Signature

\_\_\_\_\_

### Date

\_\_\_\_\_

Membership Form A100518

#### On Completion please return to:

Richard Oakley  
Treasurer and Membership Secretary  
The T-Exchange  
60 Minefield Avenue  
Elgin  
Moray IV30 6EL