

**The Player Piano Group - Membership Application Form,
Students & Under 25's**



Thank you for expressing an interest in joining the Player Piano Group, hereafter referred to as the PPG. This form is explicitly for the use of persons wishing to apply for free membership as full-time students or for those under the age of 25.

Full-time education is defined as a minimum of 12 hours study per week on courses lasting at least one year in duration. No age restriction applies.

Those applying as Under 25 must be under age on the 1st of January for the year / term application is made (membership year running 1st of January - 31st of December).

Fields marked with an * are mandatory. Section 4 must be completed for Student applications. Section 2 must be completed for Under 25 membership. Sections 1 & 3 are optional but will help reduce administration processes if you wish to stay as a Single or Joint member in future.

***Title:** _____ ***First Name:** _____ ***Surname:** _____

1. Address:

***Email Address:** _____

2. Date Of Birth: _____
DD/MM/YY

3. Telephone Number: _____
Including any area codes.

4. Place / Institution Of Study: _____
Students must provide evidence of status, a copy of student ID for example. If this is not possible then a signature of authority, from a lecturer, together with course title must be supplied.

By filing this application for PPG membership, I give positive assent to the PPG holding the personal details I supply in accordance with the European General Data Protection Regulation 2018. The PPG will only retain your personal data to service your active membership in accordance with the aims of our articles. We will not pass your details to external third parties. Only with your express written permission will we share your details with other members. Details of those under 16 will never be disclosed.

I have read and will abide by the Articles of Association of the PPG.

To the best of my knowledge the information I have supplied above is accurate. I will contact the

***Signature:** _____ ***Date:** _____
For persons under 16 this form must be signed by a parent or legal guardian. *DD/MM/YY*

***Full Name:** _____

Relation To Applicant: _____

Please send completed forms to the Membership Secretary at the address provided on our website, playerpianogroup.org.uk. Alternately, you can scan this form with any accompanying documents and send them electronically to membership@playerpianogroup.org.uk