

# THE EMILE ZOLA SOCIETY LONDON

## Membership Application Form

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I wish to (**delete as appropriate**)

- Join the Emile Zola Society
- Renew my Membership to the Society.

**NAME** (add Ms Mrs Mr Dr Professor or other):

**ADDRESS:**

**TELEPHONE**

**Landline:**

**Mobile:**

**EMAIL:**

**My particular interest in Zola is:**

**I wish to pay (circle the selected options):**

£25 (UK), £20 (UK concession), £30 (Europe), £35 (outside Europe)

**by** a) direct debit; b) bank transfer; c) cheque, d) cash.

**EU General Data Protection Regulations:** In accordance with the DPR, the Emile Zola Society will do its utmost to keep personal data safe and In particular it will not share them with any third party without express permission. Occasionally if the need does arise to share some details we will communicate with you before proceeding. By signing this form you confirm that you have read this note and agreed to its content.

Date..... Signature.....

Please return the form with a cheque or payment information to the Hon. Secretary either as an email attachment to [zolasoc@mail.com](mailto:zolasoc@mail.com) or by post to: The Emile Zola Society, 35 Mayfield Avenue, Chiswick, London, W4 1PN.