



### Membership Application

Please use **BLOCK CAPITALS** when completing this application and tick one option in each section as applicable.

For the year ...../.....

I wish to join the SAES

I wish to renew my membership of the SAES

#### Annual Subscriptions

Adult Membership £18.00

\*Under 18s Membership (Age.....) £ 9.00

#### Optional Donation

I would like to make a voluntary donation to the SAES of: £.....  
Title: MR, MRS, MS, Other.....  
Forename:.....  
Surname:.....  
Address:.....  
.....  
..... Post Code:.....  
Tel:..... Mobile:.....  
Email:.....

Please send this application with the appropriate subscription payment to:  
**The Secretary SAES, 10 Cobbett Way, Botley, SOUTHAMPTON, SO30 2ET**  
Please make cheques payable to: The Southampton Ancient Egypt Society

\*Under-18s must be accompanied at meetings by a responsible adult

**The information supplied in this form will be stored by the SAES Secretary in a Members Database. The data will be used only in relation to activities & events organised by the SAES & in accordance with General Data Protection Regulations. SAES Committee undertake not to disclose such details to any third party. Any SAES member has the right to inspect their details as recorded in the SAES Membership Database on application to the SAES Secretary.**