

# Rossall Point NCI



## Expression of Interest

### Applicant

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

### Application and Signature

*I wish to enquire about becoming a watchkeeper at Rossall Point NCI. I confirm that I am in reasonable health and have satisfactory eyesight and hearing.*

*When visiting the lookout station at Rossall Point I agree to follow any proper instructions given to me by watchkeepers on duty.*

*I understand that the personal information provided on this form will be retained by the Station Manager and Membership Secretary until such time as I proceed with a full application for membership, or until I confirm that I do not wish to proceed further. I understand that my contact details may be shared with other members of the management team at Rossall Point, to be used solely in connection with my enquiry. My personal information will not be shared by Rossall Point or NCI unless I give my specific consent, or unless they are required to do so by law – for example by a court order or for the purposes of prevention of fraud or other crime.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed form to:-

Roger Oakley,  
Membership Secretary,  
4 Navena Avenue,  
FLEETWOOD.  
FY7 8HD