

Person to receive information & vote:.....

Position held:

Address:

.....

Post Code:.....

Daytime telephone number:

Fax Number:.....

E-Mail Address:

Website:

Other information.....

.....

To help us deliver a more efficient information service we would like to send you future information by email, if you would like to receive information by email please ensure your email address is filled in. If you do not have an email address or would prefer not to receive information in this way don't worry we will be happy to send you paper copies.

I would prefer information to be sent by email I would prefer paper copies



DATA PROTECTION

If you do **NOT** want us to use your data as shown, please tick the appropriate boxes. Boxes left blank will be taken as an acceptance.

The information you provide will be used:-

- As an entry on our website
- As an entry on our database for internal use only
- To inform individuals/organisations requesting information relevant to your service
- To contact you in future with information about services or events

I agree to the above use of my data, signed:.....

For office use only

Affiliation Number:

Date Received:

Chq No:

Named Contact: