

FRIENDS OF STAMFORD HOSPITAL

MEMBERSHIP DATA RECORD FORM

Under the conditions of the General Data Protection Regulation (May 2018), Organisations must seek consent to keep and process information held for individuals.

The Friends of Stamford Hospital (FoSH) have developed a Privacy Policy which should be read in conjunction with this form.

By completing this form **and ticking the CONSENT box** you will allow us to store this information and contact you by the preferred method.

FoSH will only contact you to inform you of upcoming events or to provide you with a newsletter. FoSH **will never share your information with a third party.**

INFORMATION ABOUT YOU:

Title		Christian Names	
Surname			
Address			
Email			

HOW WOULD YOU LIKE TO BE CONTACTED:

By mail

By email

(sending information by email will save on postage costs)

By completing this form and *ticking the CONSENT boxes*, you will allow us to store and process your personal data and contact you by your preferred method.

I give consent for my data to be used to:

Contact me regarding forthcoming events	
Send me biannual newsletters	
Reclaim Gift Aid on my subscriptions/donations	

IF THIS FORM IS NOT RETURNED, WE WILL BE REQUIRED TO REMOVE YOU FROM OUR DATABASE AND YOU WILL NOT BE CONTACTED AGAIN.

Please return this form to:

The Membership Secretary – Friends of Stamford Hospital
84 Tinwell Road
Stamford
PE9 2SD

You can scan your form and return it by email to: info@friendsofstamfordhospital.org.uk