



BASLOW WI

WI Member name: _____

In order to comply with the General Data Protection Regulation (GDPR) we need your consent to share some information.

Your support and willingness to keep in touch and up to date with BASLOW WI events matters so we would like to check that you are happy to hear from us.

Yes please I am happy with the following: ✓

No thank you I do not wish to: ✗

Share my home phone number on a contact list of BASLOW WI Members

Receive e-mails from BASLOW WI Committee

Provide my birth date for BASLOW WI records
My birthday is:

You can change your mind at any time by contacting one of the BASLOW WI Committee members.

Signed: _____

Date: _____

P.T.O.

BASLOW WI Photography/video consent form

We would be grateful if you would fill in this form to give us permission to take photos of you and use them for news, information and publicity printed and online.

I give BASLOW WI permission to take photographs and / or video of me.

I grant BASLOW WI full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for news, information and publicity printed and online to help achieve BASLOW WI's aims.

This might include (but is not limited to), the right to use them in the WI's printed and online publicity, social media, and press releases.

Name

Signature

Date