**WI Member name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT CONSENT:** In order to comply with the General Data Protection Regulation (GDPR) we need your consent to share some information. WI events matter so we would like to check that you are happy to comply with the following;

**If Yes please** I am happy**: √** **If** **No thank you** I do not wish to: ×

1. Share my home/mobile phone numbers on a contact list of WI’s Members

 Home Tel No: ……………….…. Mobile No: ……………….………..

1. Receive e-mails from W.I. Committee

 e-mail address; ………………………………………………………….

1. Provide my birth / wedding anniversary dates to receive a card /gift

 *(when applicable)*

Birth Date: *....../……/……*  Wedding Date: *....../……/……*

**PHOTOGRAPHY/VIDEO CONSENT:** We should be grateful if you would indicate below if you give W.I. permission to take photos of you & use them for news, information & publicity printed & online.

**Yes please** I am happy**: √** **If** **No thank you** I do not wish to: ×

1. I give WI permission to take photographs and/or video

 of me and use them for news, information and publicity printed and online

1. I grant WI. full rights to use the images resulting from

 the photography/video filming, and any reproductions/adaptations of the images

 for news, information and publicity printed and online to help achieve

 WIs aims

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

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_