|  |  |
| --- | --- |
| **First Name \*** | **Other names \*** |
| **Surname \*** | |
| **Address [if you have ticked contact by post]** | |
|  | |
|  | |
| **Town** | **County** |
| **Post/Zip code** | **Country** |
| **Home phone number** | **Mobile Phone Number**  **If you have ticked contact by TEXT** |
| **Email** | |

**Polio Survivors Network Membership and Communication Consent Form.**

**The European General Data Protection Regulation [GDPR]**

**regarding how charities communicate with members**

**changed on the 25th May 2018.**

**PSN – Data**

**Polio Survivors Network will NOT share your information with third parties.**

**Further information concerning the GDPR is available online:-**

**https://ico.org.uk/for-organisations/charity/charities-faqs/**

<https://ico.org.uk/for-organisations/charity/charities-faqs/>

**Section 1 – I am happy for Polio Survivors Network to contact me and by the following means. Please write YES or NO in each section.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POST/MAIL** | **EMAIL** | **HOME PHONE** | **MOBILE PHONE** | **TEXT** |
|  |  |  |  |  |

You can withdraw your consent at any time. Simply contact PSN and inform us what changes you [or your family on your behalf if you are not able to do this at this time]. We will update our records accordingly.

POST The Secretary, Polio Survivors Network, P.O. Box 954, Lincoln, LN5 5ER, UK

EMAIL [secretary@poliosurvivorsnetwork.org.uk](mailto:secretary@poliosurvivorsnetwork.org.uk)

**Section 2 – Please enter your information in the form below. Some items are compulsory\* the remainder of options will depend on your choice/s of contact above.**

**Section 3 – Polio Survivors Network Quarterly Newsletter.**

**3.1 Overseas members will receive any notifications and Newsletters by email as a pdf file.**

**3.2 UK members can choose to receive their copy by Post or by email. If you wish you may have both. Some members pass their printed copy on to their General Practice or another health professional. If you wish to make a donation towards receiving copies of the Newsletter by post this would be gratefully received.**

**3.3 A Pdf copy of the newsletter will be available to download within 14 days of publication.**

**Please tick your choice of receipt.**

Post to the listed address.

Email to the listed email address.

Section 4 – It would help us to know the following.

I am a polio survivor Year of Polio Age of Polio Place of Polio

I am a carer of a Polio Survivor

I am a family member or friend of a Polio Survivor

I am a health professional

I am interested in learning more about Post-Polio Syndrome.

You can withdraw your consent at any time. Simply contact PSN and inform us what changes you [or your family on your behalf]. We will update our records accordingly.

POST To the address above.

EMAIL [secretary@poliosurvivorsnetwork.org.uk](mailto:secretary@poliosurvivorsnetwork.org.uk)