

CONSENT FORM

WI, West Sussex Fed	leration of WI	s
Name:		
As part of your membership of the WIL we will store and		
As part of your membership of the WI, we will store and use your name, add and email address to fulfil the contract that is created and to keep you inform	ess, telephon	e number
and at Federation and National level. We will protect your data and full deta	ils can be foun	d in the W
Data Protection Policy and Privacy Notice.	is can be roun	a in the w
In addition, we would like to undertake the following activities. Please indica consent to each activity then sign and date the bottom of the form.	te if you conse	ent or do n
PHOTOGRAPHS		
The WI would like to take photographs of it's members and the activities and involved in:	events that m	embers are
Are you happy for us to take your photograph?	Yes 🗆	No 🗆
Are you happy for us to use your photograph:		
 in internal documents within our own WI (scrapbook/newsletters) 	Yes 🗆	No 🗆
 on social media (Facebook, Website) 	Yes 🗆	No 🗆
 in press releases (West Sussex News, WI Life, local media) 	Yes 🗆	No 🚨
BIRTHDAYS		
The WI likes to celebrate our member's birthdays.		
Are you happy to provide your date of birth for this purpose	Yes 🗆	No 🗆
Are you happy to provide your month of birth for this purpose	Yes 🗆	No 🗆
PRESS RELEASES		
The WI likes to promote its activities.		
Are you happy to be included in a Press Release		
 For a WI publication – West Sussex News, WI Life 	Yes 🗆	No 🗆
 For a local newspaper or magazine 	Yes 🗆	No 🗆
 On social media (Facebook, Website) 	Yes 🗆	No 🗆
igned:		
igned:		
rate:		