

The Natural Home of Bird Recording and Birdwatching in Essex since 1949

# The ESSEX BIRDWATCHING SOCIETY



E-mail : [Info.EBwS@gmail.com](mailto:Info.EBwS@gmail.com)

Registered Charity No: 1142734

## SOCIETY CORRESPONDENCE

On 25th May 2018, the 'General Data Protection Regulation' came into force such the Society can not just send member's information about our work, meetings, events and activities without each members specific permission.

If you do not give us your permission to keep in touch, you will not hear from the Society about events or receive Society correspondence. We will not be able to advise you about any late changes to meetings, events, etc.

So all you have to do is complete and return this '**DECLARATION FORM**' confirming all the methods the Society may contact you. Please return your completed and signed Form to '**MEMBERSHIP SECRETARY**' at the address below Alternatively, your completed Form can be scanned and sent by e-mail to [Info.EBwS@gmail.com](mailto:Info.EBwS@gmail.com)

**MEMBERSHIP SECRETARY, Mr PETER DWYER, 48 CHURCHILL AVENUE, HALSTEAD, ESSEX, CO9 2BE**

You have total control. If at any time in the future you would like to change your choices of how contact can be made, all you do is advise the Society by letter to the Secretary or by e-mail to [Info.EBwS@gmail.com](mailto:Info.EBwS@gmail.com)

Please be advised that your personal contact details will be kept safe and secure, only used by the Society, or those that work for the Society, and will never be shared or sold to a third party. If you would like to know or understand your data protection rights, please request the Society 'Data Protection / Privacy Policy' Information Sheet No 12.

Thank you for taking the time to read and complete this important Form such that we can '*stay-in-touch*' with you.

*Thank you for your support and cooperation*

**Cut along this dotted line & send this bottom part to the '**MEMBERSHIP SECRETARY**' with your '**MEMBERSHIP FORM**'**

## DECLARATION FOR CORRESPONDENCE

Please tick in the "Yes" or "No" box in **each** of the four section.

**INCOMPLETE FORMS WILL BE VOID**

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| I agree to receive correspondence by <b>POST</b>      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| I agree to receive correspondence by <b>TEXT</b>      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| I agree to receive correspondence by <b>E-MAIL</b>    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| I agree to receive correspondence by <b>TELEPHONE</b> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Please confirm your current contact details in **each** section below. All old information will be appropriately destroyed

Your full Name:  (Print) Signature:

Your full address:

Mobile No:  Post Code:

E-mail address:

Telephone No:  Date: