

I confirm that I have read the Privacy Statement concerning the General Data Protection Regulation (GDPR) and the records held by the Peterborough & District Family History Society. I consent to the use of the following information by the society, for the purposes indicated, only where I have indicated.

Please circle your Yes / No responses in each of the boxes below.

| Membership number (if known) _____ | In all the boxes of this column, please do one of the following: 1. Fill in the details requested. 2. Or write "Do not have" or "Do not wish to provide", as appropriate. | May we use your details for society communications? |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Title and Name: (BLOCK CAPS) | | Yes / No |
| Address: including postcode. (BLOCK CAPS) | | Yes / No |
| Telephone number(s): | Landline: Mobile: | Yes / No Yes / No |
| Email address: | | Yes / No |

Please add any further information which you think may be relevant. _____.

Signed : _____ **Date** _____

Name (BLOCK CAPITALS) and signature of parent or guardian if member is under 18

Name _____ Signature _____ Date _____

Please forward this form to the Secretary, at the address to be found in the current Journal/Website.