



Membership number:

WS MEMBER CONSENT FORM

Your privacy is important to us and we would like to communicate with you about the Williams Syndrome Foundation and its activities. **If you wish to remain a member of the WSF then we need your consent to communicate with you and to hold basic personal data regarding your membership.** In addition, as a Williams Syndrome member of the Foundation, we need your consent to hold personal data relating to your condition. Please fill in your name, address and other contact information below and confirm your consent by ticking the boxes. It is not necessary for the WS individual to sign this form if they are under 18 or do not wish to do so. **We must have an endorsement from a parent, carer or guardian for every WS Member.**

	WS INDIVIDUAL	PARENT / CARER / GUARDIAN (please circle)
Name
Address

Email Address
Telephone Number
Signature
Date

Please confirm your consent below. You can grant consent to any or all of the purposes listed. You can find out more about how we use your data from our Data Protection Policy Document which is available from our website www.williams-syndrome.org.uk

You can withdraw or change your consent at any time by contacting the WSF office or by emailing data.protection@williams-syndrome.org.uk.

- If you are over 18 we may contact you to keep you informed about what is going on in the WSF including publications, merchandise, news, events meetings, groups and activities. These communications may also sometimes appear on our website, or in printed or electronic form (including social media).
- As a member of the Foundation we will hold data relating to your contact details, subscription payments (current and historical), gift aid declarations, payments and expenses, attendance at events, communication preferences, participation in medical research and your relationship to other WSF members
- We may use your name and photo in our magazine, newsletters, bulletins or on our website, or our social media accounts (for example our Facebook page or Twitter account).
- As a WS member of the Foundation we will hold data relating to your condition including date of birth, Fish Test result, education history and medical history.
- We may share your data with specifically authorised people for purposes of medical research sponsored by the Williams Syndrome Foundation. We will always ask for your consent to be contacted by any medical researcher.

Keeping in touch – if you have ticked **the first two** of the boxes above please indicate your preferences:

- Yes please, I would like to receive communications by email
- Yes please, I would like to receive communications by telephone / mobile phone including text message
- Yes please, I would like to receive communications by social media (e.g. Facebook, Twitter, Instagram)
- Yes please, I would like to receive communications by post
- Yes please, I would like to receive the WSF magazine. By post **OR** by email (Please tick one box only)

My preferred method of communication is: