

## EC MEMBERSHIP FORM

### The Elders Council of Newcastle

**info@elderscouncil.org.uk**

2nd Floor, Biomedical Research Building

Campus for Ageing and Vitality

Nuns Moor Road

Newcastle upon Tyne

NE4 5PL



I would like to register as a Member of the Elders Council of Newcastle.

If I choose to opt out of this membership in the future I agree to inform you in writing.

|   |                                     |
|---|-------------------------------------|
| Title:  | Full Name:                          |
| -----   |                                     |
| Address:  |                                     |
| -----   |                                     |
| Postcode:                                       |                                     |
| -----   |                                     |
| Home Tel.No:                                    | Mobile No:                          |
| -----   |                                     |
| Date of Birth:                                  |                                     |
| -----   |                                     |
| Gender:   | Ethnicity:                          |
| -----   |                                     |
| Email address:                                  |                                     |
| -----   |                                     |
| I would like to receive:                        |                                     |
| Echo Magazine by email <input type="checkbox"/> | E-bulletin <input type="checkbox"/> |
| Echo Magazine by post <input type="checkbox"/>  |                                     |

I give my consent for the Elders Council to store my personal details, given above, on their membership database. I understand that my details are stored securely and within General Data Protection Regulations.

If my personal data is to be used for any purpose other than the above, and not covered by the General Data Protection Regulations, I will be required to provide additional consent.

Signed:.....Date:.....