

ARTHRITIS CARE

Campaigners Network Registration

Campaigners Network Registration form

All information will be treated confidentially. Please complete in BLOCK CAPITALS.

A Name:

.....Title:

Address:

.....

.....

.....

Postcode:

Daytime telephone:

Mobile telephone:

Email address:

Region:

Are you happy to be interviewed over the phone by Arthritis Care?

Yes No

Are you happy to be contacted by email by Arthritis Care?

Yes No

B Date of Birth: Age:

Sex: Female Male

Ethnic origin? Please specify.....

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- C** Do you want to receive our Newsletter? Yes No
- Do you want to receive our eUpdates? Yes No

Data Protection

Please tick here to allow Arthritis Care to hold your details for administrative purposes and to allow us to contact you with further communications. We will only use your details for the People Bank, but, in accordance with the Data Protection Act, we will not be able to unless you tick this box. I agree that Arthritis Care can hold my details:

If you would like to update or delete your details at any time, please email us at CampaignersNetwork@arthritiscare.org.uk or write to us at Campaigners Network, Arthritis Care, 18 Stephenson Way, London NW1 2HD. Your personal information will not be given out to any external source without your specific permission.

Thank you for your time