

LAM ACTION Membership Form



Registered Charity 1167610
(England & Wales)

PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)

Name:

Address:

Telephone:

Email:

If you have LAM, it would be helpful to obtain more information about you.

Date of Birth: / / Where do you receive your treatment?

Would you like to be contacted regarding research? YES NO

Membership of LAM Action is FREE OF CHARGE. However, LAM Action is a registered charity and as such relies solely on donations and fundraising for its existence. Therefore we welcome donations from members in lieu of membership fees. If you would like to make a donation visit <http://lamaction.org/get-involved/donate-now/>.

Would you like to receive our newsletter, LAMPost, published three times a year? YES NO

By ticking this box you consent to us collecting and processing your personal data and sensitive personal data supplied by you. For more details about how LAM Action uses your information and your rights, click here to read our privacy policy: <http://lamaction.org/privacy/>.

By ticking this box you consent to us disclosing your sensitive personal data to third parties and to us transferring your sensitive personal data to recipients located outside the EEA, in such circumstances as described in our privacy policy: <http://lamaction.org/privacy/>.

Some of the information that we like to send to LAM Action members may be considered "direct marketing" under applicable laws. The communications we send out are quite limited. **Please let us know what information you would like to receive by ticking the appropriate box(es) below.** You may withdraw this consent at any time by contacting us at the address shown below.

By ticking this box you consent to receive information about LAM Action's fundraising activities and other campaigns. By email By text By phone By post

By ticking this box you consent to receive other information promoting LAM Action's aims and ideals, such as information about LAM research and support for people with LAM. By email By text By phone By post

By ticking this box you consent to receive other marketing information from LAM Action. By email By text By phone By post

To complete your registration, please sign and date this form and return it to us at the address below. Thank you for joining LAM Action.

Signature: Date:

Please post to:

Jill Pateman, LAM Action, Nottingham Voluntary Action Centre, 7 Mansfield Road, Nottingham NG1 3FB
or scan and email to: jill.pateman@office.lamaction.org