

OFSGB GENERAL DATA PROTECTION REGULATIONS FORM

I consent to OFSGB holding the following information for the **Order's National Register of Members** and the **purpose of contacting me**.

*(To be filled in by **Member**)*

FULL NAME: _____

ADDRESS: _____

_____ **Post Code:** _____

E-Mail: _____

Telephone No: _____ **Mobile No:** _____

REGION: _____

FRATERNITY: _____

Date as Enquirer: _____

Date of Admission: _____

Date of Profession: _____

OFSGB may contact me by: (Please tick)

E-Mail _____ **Telephone** _____ **Mobile Phone** _____ **Post** _____

I wish to subscribe to OFSGB website for updating information.

(Please tick) Yes _____ **No** _____

Signature: _____ **Dte:** _____

IMPORTANT: Please notify OFSGB if at any time in the future you wish to change the above information, or wish to withdraw your consent.