**Data Consent Form**

## **Background:** Please see covering email/letter.

### Opt-in activities: In addition to receiving information about CPS activities, please place a tick to show consent for any of the following optional activities.

|  |  |
| --- | --- |
| **Activity** | **Yes** |
| Please contact me about teaching requests received |  |
| Please contact me with commission requests received |  |
| Please inform me about other calligraphy groups’ activities |  |

**Tutors (CPS members only):** If you would like details of your classes placed on the website, please contact the webmaster with all of the information you would like published and granting permission.

**Method of communications:** We will contact you by the appropriate means, usually this is email, but for those members who do not have email we will endeavour to ensure you are not disadvantaged. The use of email dramatically cuts CPS administrative costs

I am happy to be contacted by:

|  |  |  |  |
| --- | --- | --- | --- |
| Post |  | Phone (landline) |  |
| Email |  | Mobile |  |

**Contact details:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone number (landline) |  |
| Mobile |  |
| Signature (or typed name) and date |  |