

WI Member Details Form

for entry onto MCS (Membership Communication System)

This form can be accessed on the WI Moodle to print as required.



Please complete in **BLOCK CAPITALS**

Federation		Date Joined / /	
WI			<input type="checkbox"/> Primary Institute <input type="checkbox"/> Dual Institute
Title		Forename	
Surname			
Preferred Salutation			
Address			
Town		County	
Postcode		Country	
Daytime telephone number			
Evening telephone number			
Mobile telephone number			
Email address			
Preferred contact method		<input type="checkbox"/> I would be happy to be contacted about my membership and WI activities via Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>	
Media Friendly		<input type="checkbox"/> I would be happy for NFWI staff to contact me should a suitable media opportunity arise	
Online Learner (WI Moodle)		<input type="checkbox"/> I would be like to be given access to the WI Moodle, the NFWI training and resource site for members – www.witraining.org.uk	

YOUR INTERESTS

<input type="checkbox"/> Art	<input type="checkbox"/> DIY	<input type="checkbox"/> Gardening	<input type="checkbox"/> Keep fit	<input type="checkbox"/> Sports/recreation
<input type="checkbox"/> Beauty/Fashion	<input type="checkbox"/> Drama	<input type="checkbox"/> Golf	<input type="checkbox"/> Music	<input type="checkbox"/> Theatre/cinema
<input type="checkbox"/> Bridge	<input type="checkbox"/> Environment	<input type="checkbox"/> Health	<input type="checkbox"/> Needlework	<input type="checkbox"/> Travel
<input type="checkbox"/> Cookery	<input type="checkbox"/> Folk dancing	<input type="checkbox"/> Heritage	<input type="checkbox"/> Reading	<input type="checkbox"/> Walking
<input type="checkbox"/> Craft	<input type="checkbox"/> Food/drink	<input type="checkbox"/> IT/Computing	<input type="checkbox"/> Scrabble	<input type="checkbox"/> Other:

Thank you for providing your details. This is how they will be processed:

Your details will be held securely in accordance with the Data Protection Act (1998) and will only be accessed by authorised individuals in your WI, Federation and the NFWI to administrate your WI membership and activities. Our membership magazine, *WI Life*, will be sent to you by our external mailing house, managed by the NFWI's trading arm, WI Enterprises Ltd. You can at any time ask to view and amend your details. If you would like to know more about how we process your information, please email dataprotection@nfwi.org.uk

From time to time, the NFWI may pass the information it holds about you to carefully selected third parties, subsidiaries and associated companies, to keep members informed of special offers, products and services that may be of interest.

☐ I **would like** my details to be passed to these organisations (You can change your mind at any time).

By signing this form I agree to the processing of my personal information by the WI.

Signature: _____

INSTRUCTIONS

WI member:	On completion please hand this form to your WI Secretary or MCS Representative.
WI Secretary:	If your WI does not have an MCS Representative please contact your federation to find out about appointing one, or alternatively pass this form to the Federation Secretary.