United Hospital Auxiliaries of NSW Inc.

CONSENT TO PUBLICATION OF PERSONAL PARTICULARS

Name of Branch .....

- I, (print name).....
- Of (address) .....

  .....
- Telephone number (…….) .....
- Email address.....
- Being a member of ……..Branch of the United Hospital Auxiliaries of NSW Inc.

By signing this document **consent** to my:

*Name *Address *Telephone number

*Email address *Photograph *Other ……. *(insert details)*

***(delete as necessary)**

BEING PUBLISHED IN

*UHA Branch Printed or Electronic Publications *UHA State, Regional and Forum Day Reports

*UHA Newsletters *UHA Conference/Central Executive Reports

*UHA Website *Regional and State Newspapers *(for UHA purposes only)*

*Facebook/Social Media *Other…… (*insert details*)

***(delete as necessary)**

UNTIL SUCH TIME AS I NOTIFY YOU IN WRITING

I understand that my consent to publish does not mean that publication will necessarily occur. I understand that future withdrawal of consent will result in cessation of future publication only, **not recall** of publications.

Signature ..... Date .....

Print name .....