

## Membership Application form

Please complete your details to join as a full member of Vasculitis UK and give your consent to our retention of your details on our membership list.

Members will be able to vote at AGMs and receive our newsletter or other appropriate communications. We may occasionally ask if you want to participate in anonymised research , which you can decline.

Name	
Address	
Postcode	
email	
What type of Vasculitis do you have?	
Or are you a spouse/ carer/other for someone with Vasculitis? Please specify.	
Year of birth	
Please sign and give your consent	

### General Data Protection Act 2018

We only retain your details for our own membership communications we do not provide it to any third party inside or outside the UK. We do not participate in any marketing or telemarketing or provide your details for any such purpose. We ask for your type of Vasculitis, age and those non vasculitis members to better inform future research.

You have provided your consent above to our retention of your details for purposes of membership.

Should you wish to be removed from that list and cease to be a member, please email

secretary@vasculitis.org.uk or write to Vasculitis UK, West Bank House, Winster, Derbyshire DE4 2DQ

and your details will be removed. This form can be returned by post or email to the address above.