

## Scottish Information Network Membership Form

Name	<input type="text"/>
Organisation	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

**On a small number of occasions we may wish to inform members about other information events that we feel are of relevance. Please indicate below whether you wish to receive such mailings.**

- Please include me in all mailings**
- Please restrict my mailing to those concerning the Scottish Information Network**

### **Data protection statement**

By completing this form you agree to your details being held in electronic format by the Membership Officer of the Scottish Information Network. These details will be used for the legitimate purposes of the Scottish Information Network and will not be disclosed to third parties without your prior approval.