

Dear Members

To comply with the provisions of the Privacy Act 2020 would you please complete the below, printing your names clearly, signing this letter and returning it to the Office.

Do not forget to include your NZMCA membership number.

Privacy Declaration

I/We acknowledge and accept that:

- 1. The information collected in this form may be used by the NZMCA to provide me/us with information updating me/us on the full range of services NZMCA offer, including information in relation to service providers/partners of NZMCA. I am aware that I can opt out of ongoing communications at any time.
- 2. Information collected in this form may also be dealt with in the manner set out in the NZMCA Privacy Policy. The NZMCA respects your privacy and all personal information is held in accordance with the NZMCA Privacy Policy which can be accessed on our website www.nzmca.org.nz
- 3. Where we share a dual membership with our spouse/partner, he/she will be able to access and update any information collected in this form about me and/or other personal information that the NZMCA collects about me, unless I advise the NZMCA otherwise.

BOTH SIGNATURES REQUIRED (for a Double Membership)

Primary Member		
Full Name	Signature	
NZMCA Membership number	Date	
Details of Member to be added		
Full Name	Signature	
Email address	Mobile number	