The Institute Of Fire Safety Managers

UPDATE OF CONTACT DETAILS FORM

Please be sure to complete all sections in a clear and legible manner.

Once completed, please return to Sharon Lawrence, IFSM Administrator

Fax: 08702 853114 **E-mail:** sharon@flyingchangespa.co.uk **Contact Tel:** 01942 718488

Surname: **First Name(s):** **Membership N°:**

…… …….. ……

Personal Address:

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……

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Tel.: …….. **Fax:** ……..……..……..

Mobile: …….…….. **Email:** ……..

Business Address (if different)

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Tel: …….…….. **Fax:** ……..……..……..

Mobile: …….…….. **Email:** ……..

Website: …….……

If applicable, please indicate which address and contact details you wish to be shown on the Register and therefore on-line: Business: ..... **or** Private: ..... **or** Not Applicable: .....

Signed : ……..…….…….. **Date:** ……..……..

DATA PROTECTION ACT

Application details are stored on a database for administration purposes. Please indicate your preference to have this information made available to other pertinent organisations: - **Yes / No**

The Institute is registered under the Data Protection Act as both a data user and a computer bureau.

Thank you for your assistance