**BAHT ACP Network Contact Form**

**Contact Details**

Name:

BAHT membership number:

E-mail address:

Phone Number:

**Preferences**

Please check the boxes for each of the following statements that applies to you:

1. I would like to be included in the BAHT ACP network mailing list and receive any/all emails from the [baht.acp@gmail.com](mailto:baht.acp@gmail.com) email address to my email address as listed above

NB emails from this address will not show recipients email addresses, except or unless they relate to communications as in #2 below.

1. I would like to be included in an open ACP network emailing list where my email address (as above) is shared with and visible to all network members of the group, allowing all members to make direct email contact with one another individually or as a group
2. I would like to be included in an ACP network WhatsApp group, using the phone number provided above, which will involve sharing my contact phone number (as provided above) with all other ACP network members within that group

**Consent**

Please check the box at the end of this statement to confirm your acknowledgement and agreement:

By completing this form and providing contact details I am giving my consent to my details being stored, used and shared for the purposes as detailed above within the preferences I have stated. I understand that I can withdraw my agreement at any time, by emailing [baht.acp@gmail.com](mailto:baht.acp@gmail.com) for removal from the email mailing lists or by leaving the WhatsApp group independently. I further understand that where I have given my consent for my email address and/or phone number to be shared with other members of the group, that neither the ACP network co-ordinators nor BAHT can control individual contact being made with me by other network members, even after I have withdrawn my consent or left the WhatsApp group