

## **E-MAIL ADDRESS FORM**

**Please complete this form and return it to CCOBA, Box 228, Christchurch 8140.**

**The purpose of this form is twofold:**

- 1. To provide CCOBA with your e-mail address.**
- 2. To give permission, or not, for you to receive e-mail, via the CCOBA website.**

**SURNAME:**.....

**FIRST NAMES:**.....

**TELEPHONE NUMBER:**.....

**E-MAIL ADDRESS:**.....

**DO YOU WISH TO BE ABLE TO BE CONTACTED BY E-MAIL VIA THE CCOBAWEB SITE? PLEASE TICK THE APPROPRIATE BOX BELOW.**

**N.B. YOUR E-MAIL ADDRESS WILL NOT BE VISIBLE**

**YES**

**NO**

**By ticking yes, I consent to the Christ's College Old Boys' Association, via its website, enabling me to be contacted by e-mail by those using the website.**

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