



SOCIAL MEDIA CONSENT / RELEASE FORM

(For News Media, Promotional Materials, Written Articles, Research and/or Photographs)

Member's Name:

Date of Birth:

/ /

Phone:

Email:

Physical Address:

Suburb:

City:

Postcode:

I prefer that:

My Complete name can be used

My Organisation's name can be used

My Nickname can be used

No Name is to be used

I authorise and grant NZWiR to use my photos on Facebook, their website, RoofLink and in printed promotional correspondence

I allow NZWiR to edit, alter, copy, or distribute the photos for social media advertising and marketing purposes.

I understand that I will not receive any monetary compensation

Signature

Date

NZWiR Board Member acknowledgement

NZWiR Board Member Name:

Signature:

Date:

Please submit to: info@nzwomeninroofing.org.nz