## PRIVACY AND INFORMATION UPDATE

If your information has changed since you joined BAP, please use this form to update that information.

1.	Name	10. Gender (optional)
2.	Address	11. Birth Date (optional)
		OTHER CHAPTER SPECIFIC
3.	Phone Landline	
	Cell	
Д	Email	
т.	University	
	Personal	
5.	School	
6.	Membership Type (Undergraduate, Graduate, Faculty or	
	Honorary)	12. Candidate Start Date
7.	Major (Please circle)	
	Accounting, Finance Information Systems	13. Initiation Date

8. Membership Status

9. Ethnicity (optional)

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## **Information Management and Privacy**

As a member of Beta Alpha Psi you have supplied and may continue supplying Beta Alpha Psi with information about yourself. Beta Alpha Psi (BAP) needs this information to maintain a record of your membership, communicate with you, carry out its activities, assist you if you have a disability and maintain contact with you when you have graduated. BAP must also satisfy the statistical and data requirements of as and when requested by governmental and any grant giving bodies and the Internal Revenue Service. Much of the information that is collected from you via all methods listed in the privacy policy is required by governmental and any grant giving bodies and the IRS and BAP is not permitted to accept your application unless the information is provided.

The information you supply is stored in the Reporting Intranet and internal and external databases listed in the Privacy Policy and is made available to the Executive Office, conference planners, the organising committees of meetings and competitions, the alumni section when you graduate and your local chapter as required. Information will be disclosed as listed in the Privacy Policy and to governmental and any grant giving bodies and the IRS in accordance with their directives.

The names and current projects of chapters and members may be published in electronic and or printed media highlighting the projects undertaken by BAP, its chapters or its members. If you do not want these details published, you should inform the executive office and your local chapter.

BAP will use the email address you provided with this application to contact you about matters related to your membership of BAP and to inform you about services available to you while you are a member or an alumni member. BAP may also access your records to identify students who may be eligible for employment opportunities and may pass on a subset of the records to employers.

Beta Alpha Psi or your local chapter may publicise events by printing and distributing information and or pictures of members. Printed material may include names of members and descriptions of events. Pictures may be accompanied by identification details or they may be anonymous.

Other than the exceptions above and those listed in the Privacy Policy, BAP does not disclose personal information about members except with the consent of the member concerned or where required or authorised by legislation or court or criminal proceedings.

You have the right to access and correct any personal information concerning you held by BAP in it databases. Routine corrections, changes and enquiries should be directed to your local chapter reporting secretary. Your initial application, when accepted, and any subsequent changes will be confirmed with you by email.

If you do not agree to these conditions, please notify you local chapter President in writing listing which sections you do not agree to. If you do not notify your local president, Beta Alpha Psi and the local chapter will assume that have consented to these conditions.

If you have any feedback about current programs or suggestions for the future, please let your local chapter or the Chapter Advocate for your region know.

May you continue to enjoy Beta Alpha Psi!