

CANADIAN FEDERATION OF UNIVERSITY WOMEN HALIBURTON HIGHLANDS

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

PREFERRED PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

CFUW is committed to respecting and safeguarding the privacy of its members especially any and all personal information that is collected in the process of operating our Club which includes maintaining the “members only” password protected area of our website. The “membership only” area of the website contains our membership list, interest group photos/write-ups, member profiles and newsletters. Personal information is defined here as: a member’s name, address, telephone/cell number(s), e-mail address and photo. Information collected cannot be used by the organization or any of its members for commercial purposes.

Please indicate your response to the following two questions.

My personal contact information may be included in the “members only” password protected area of our website.

Yes No

My image (photo or video) may be used in CFUW-HH publications and/or on the CFUW-HH website.

Yes No

Note: This consent form will remain in effect unless changed by the member. Members are responsible to notify CFUW-HH of any change in their privacy consents.

Signature: _____

Date: _____