

OLPH Fundraising Association (OLPHFA)

Membership Form

Please complete and return this form to the school to become a member of the OLPH Fundraising Association (OLPHFA). All parents/legal guardians of students enrolled in Our Lady of Perpetual Help (OLPH) are encouraged to become members of the OLPHFA. Other interested persons may become Community Members or Associate Members, subject to vested interest and bylaws, as approved by the Association. The majority of members of the Association will be parents/legal guardians.

There are no membership fees.

As a member of OLPHFA I have the right to:

- vote at any general (membership) meeting of the society (AGM, SGM, RGM)
- receive notice of all meetings and fundraising activities
- serve on committees or chair fundraisers
- stand for election as an Officer or Director on the Executive

I understand the rights and responsibilities of being a member of OLPHFA as outlined in the bylaws. The **OLPHFA** bylaws can be found on the school's website at www.https://olph.eics.ab.ca/parents/school-council

***If each parent wants to become a member of OLPHFA, *each* must complete and sign this document.**

Member Information:

Name: _____

Address: _____

Home Phone #: _____

Cell/Alternate Phone#: _____

Email: _____

Membership Type:

☐ I am a parent/legal guardian of a student in OLPHFA

☐ I am a Community Member (subject to approval)

Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.)

☐ I am an Associate Member (advisory only)

Member Information:

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☐ I am an Associate Member (advisory only)

Email Consent:

☐ YES, I consent to the use of my email for receiving fundraising and OLPHFA information.

☐ NO, I do not consent to the use of my email address by the OLPHFA.

I understand that I may revoke my consent or membership at any time. It is my responsibility to notify OLPHFA of any changes to the information contained in this form.

Date: _____

Signature: _____

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☐ YES, I consent to the use of my email for receiving fundraising and OLPHFA information.

☐ NO, I do not consent to the use of my email address by the OLPHFA.

I understand that I may revoke my consent or membership at any time. It is my responsibility to notify OLPHFA of any changes to the information contained in this form.

Date: _____

Signature: _____

OLPH Fundraising Association (OLPHFA) is required to obtain this information under the Societies Act. All information collected will be used in accordance to the *Personal Information Protection Act (PIPA)*. For more information please contact OLPHFA president @ olphschoolcouncil@gmail.com

