

Port Colborne Operatic Society Inc.

Founded 1945

PERSONAL INFORMATION MEMBER CONSENT FORM

As required for acceptance into the membership of the PORT COLBORNE OPERATIC SOCIETY, I hereby consent to the Society collecting, using and disclosing personal information required for purposes of administration, operation, and publication pertaining to activities within the Society.

The Society is hereby permitted to collect, use and disclose personal information and to provide such personal information as required to such activities as costuming, communicating, printed show programme, public relations through the media and any other ancillary activities needed by the Society.

If I wish to review personal information pertaining to my membership requirements, or obtain a copy of the Society's "Privacy Policy", or make other inquiries or concerns, I understand that I may do so by contacting the Society's Privacy Officer.

I agree that all personal information that I provide to the Society will be complete and accurate.

FULL NAME _____ (Please print in full)

SIGNATURE _____ Dated _____

If under the age of 18 years:

Parent or Guardian's signature: _____ Age: _____

Address: _____

Home Phone# _____ Cell Phone# _____

E-Mail Address: _____

Operatic Society Privacy Officer