Fundraising Association MEMBERSHIP FORM

Name of Fundrais	sing Association:	
Name of School: _		
Please complete a	nd return this form to become a member of	the Fundraising Association (FRA).
he FRA. Other inter chool, subject to ve	ested persons may become Members or (non-vo	enrolled in the school are encouraged to become members of ting) Associate Members, if they are staff members at the ociation. The majority of members of the Association will be
Add other rights as per bylaws:		 receive notice of all meetings and fundraising activities stand for election as an Officer or Director on the Board
The FRA Bylaws ca	n be found on the school website at:	
Member Inform	ation:	
Name:		
Address:		
Home Phone:		
Cell/Alternate Pl		
Admission Date:		
Date Membersh	•	
Membership Ty	•	
	Voting Member – parent/legal guardian/	primary caregiver of student in the school
	Associate Member (advisory only - schoo	l staff)
Email Address a	nd Consent:	
	YES, I consent to the use of my email for	receiving fundraising and association information.
	NO, I do not consent to the use of my em	ail address by the FRA.
	I may revoke my consent or membership at any t n contained in this form.	ime. It is my responsibility to notify the FRA of any changes
Date:		
Signature:		

The Fundraising Association is required to obtain this information under the Societies Act for the Register of Members. All information will be used in accordance with the *Personal Information Protection Act (PIPA)*.

