

Friends of Morrin School Council Society (FMSS)

Membership Form

Please complete and return this form to the school or FMSS meeting to become a member of the FMSS. All parents/legal guardians of students enrolled in Morrin School are encouraged to become members of the FMSS. Other interested persons may become Community Members or Associate Members, subject to vested interest and bylaws, as approved by the Association. The majority of the members of the association will be parents/legal guardians. Membership fees will be determined at AGM.

As a member of FMSS I have a right to:

- Vote at any general (membership) meeting of the society
- 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 FMSS as outlined in the bylaws. FMSS bylaws can be found on the FMSS website.

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

<p>Member Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone #: _____</p> <p>Cell Phone #: _____</p> <p>Email: _____</p> <p>Membership Type:</p> <p><input type="checkbox"/> I am a parent/legal guardian of a student in Morrin School</p> <p><input type="checkbox"/> I am a Community Member (subject to approval) Community members please indicate vested Interest: (ie. grandparent, former parent, etc)</p>	<p>Member Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone #: _____</p> <p>Cell Phone #: _____</p> <p>Email: _____</p> <p>Membership Type:</p> <p><input type="checkbox"/> I am a parent/legal guardian of a student in Morrin School</p> <p><input type="checkbox"/> I am a Community Member (subject to approval) Community members please indicate vested Interest: (ie. grandparent, former parent, etc)</p>
<p>Email Consent:</p> <p><input type="checkbox"/> Yes, I consent to the use of my email for receiving Fundraising and FMSS Information</p> <p>I understand that I may revoke my consent or membership at any time. It is my responsibility to notify FMSS of any changes to the information contained in this form.</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>Email Consent:</p> <p><input type="checkbox"/> Yes, I consent to the use of my email for receiving Fundraising and FMSS Information</p> <p>I understand that I may revoke my consent or membership at any time. It is my responsibility to notify FMSS of any changes to the information contained in this form.</p> <p>Date: _____</p> <p>Signature: _____</p>

FMSS 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 FMSS President at FriendsofMSS@gmail.com.

For Office Use Only: _____ Membership Dues Paid