Brant Heritage Quilters Guild Membership and Consent Form 2024-25 Please Print

Name:	:					
Addres	ss:					
Preferred Contact Number:			Birth Month:	Over 80	16 or unde	
Email:				Cash Chequ	e \square_{EFT}	
		5		_		
1.	Perso	Personal Info nal Information	ormation and Media Relea	ise Form		
	 a. I hereby authorize the Brant Heritage Quilters Guild Executive to collect my personal information including full name address, telephone number and birthdate to share with the Brant Heritage Quilters Guild membership. b. I understand this information will not be shared with any other outside agencies or persons. c. I understand that I will be given the personal information of other members of the Brant Heritage Quilters Guild and will not share any of this information with any other person or organization without express consent of the member membership. 					
2.	Media	-				
	a. b.	I hereby authorize the Brant Heritag with the Brant Heritage Quilters Guil publications, audiovisual presentation Heritage Quilters Guild website. I understand that this information with consent of the member or members	ld. I understand this information nons, promotional literature and so	nay be used in publications, cial media including Facebo	, including electronic ook and any Brant	
-		eely given as public service to Brant H ad the Executive from any and all liabil	-	·		
I pref	er that	:				
	My Na Only n	noto and/or Name <i>may not be</i> name and Photo may be used ny Photo may be used ny First Name may be used	used			
l ur	nderstand	d that I can revoke this release an	y time by contacting the Memi	bership Convener or the	Guild President.	
Member Signature 2024-2025			Parent or Guardian S	rdian Signature 2024-2025		
Member Signature 2025-2026			Parent or Guardian S	Guardian Signature 2025-2026		
Member Signature 2025-2026			Parent or Guardian S	Parent or Guardian Signature 2025-2026		
Member Signature 2027-2028			 Parent or Guardian S	an Signature 2027-2028		