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

Name:						
Addres	s:					
Preferred Contact Number:			Birth Month:	Over 80	16 or unde	
Email:						
		Personal Info	rmation and Media Releas	se Form		
1.	Perso	nal Information				
	 a. I hereby authorize the Brant Heritage Quilters Guild Executive to collect my personal information including fur 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 Guill not share any of this information with any other person or organization without express consent of the membership. 					
2.	Media	·				
	 a. I hereby authorize the Brant Heritage Quilters Guild to use my photo and/or information related to my with the Brant Heritage Quilters Guild. I understand this information may be used in publications, including publications, audiovisual presentations, promotional literature and social media including Facebook and Heritage Quilters Guild website. b. I understand that this information will not be shared with any other outside agencies or persons without consent of the member or membership. 				, including electronic ook and any Brant	
Quilters		eely given as public service to Brant He d the Executive from any and all liabilit	- ·	_		
	My Dh	ata and/ar Nama may not be u	and a			
	-	oto and/or Name <i>may not be u</i>	Sea			
		ime and Photo may be used				
	•	ny Photo may be used				
	Offig II	ny First Name may be used				
l un	derstand	d that I can revoke this release any	time by contacting the Memb	ership Convener or the	Guild President.	
Membe	er Signat	ture 2024-2025	Parent or Guardian Sig	 gnature 2024-2025		
Member Signature 2025-2026			Parent or Guardian Sig	an Signature 2025-2026		
Member Signature 2025-2026			Parent or Guardian Siç	urdian Signature 2025-2026		