



Friends of Vimy Ridge Academy Society

(FVRAS) Membership Form

Please complete and return this form to the school to become a member of the **Friends of Vimy Ridge Academy Society (FVRAS)**. All parents/legal guardians of students attending **Vimy Ridge Academy (VRA)** are encouraged to become members of the **Friends of Vimy Ridge Academy Society**. Other interested persons may become Community Members, subject to vested interest and bylaws, as approved by the Association. The majority of members of the Association will be parents/legal guardians. *There are no membership fees.*

As a member of FVRAS I have the 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 **FVRAS** as outlined in the bylaws. The **Friends of Vimy Ridge Academy Society** bylaws can be found in the parent resources section of SchoolZone.

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

<p>Member Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone #: _____</p> <p>Cell/Alternate Phone#: _____</p> <p>Email: _____</p> <p>Membership Type:</p> <p><input type="checkbox"/> I am a parent/legal guardian of a student in VRA</p> <p><input type="checkbox"/> I am a Community Member (subject to approval)</p> <p>Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.)</p> <hr/> <p>Email Consent:</p> <p><input type="checkbox"/> YES, I consent to the use of my email for receiving fundraising and FVRAS information.</p> <p><input type="checkbox"/> NO, I do not consent to the use of my email address by the FVRAS.</p> <p><i>I understand that I may revoke my consent or membership at any time. It is my responsibility to notify FVRAS of any changes to the information contained in this form.</i></p> <p>Date: _____</p> <p>Signature: _____</p>	<p>Member Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone #: _____</p> <p>Cell/Alternate Phone#: _____</p> <p>Email: _____</p> <p>Membership Type:</p> <p><input type="checkbox"/> I am a parent/legal guardian of a student in VRA</p> <p><input type="checkbox"/> I am a Community Member (subject to approval)</p> <p>Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.)</p> <hr/> <p>Email Consent:</p> <p><input type="checkbox"/> YES, I consent to the use of my email for receiving fundraising and FVRAS information.</p> <p><input type="checkbox"/> NO, I do not consent to the use of my email address by the FVRAS.</p> <p><i>I understand that I may revoke my consent or membership at any time. It is my responsibility to notify FVRAS of any changes to the information contained in this form.</i></p> <p>Date: _____</p> <p>Signature: _____</p>
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Friends of Vimy Ridge Academy Society (FVRAS) 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 **FVRAS** President @ vimyridge@epsb.ca

