



Member Contact Information

Name	
Phone	
E-mail	
Address	

Please check to confirm both of the following

- I have been a resident of the Southern Gulf Islands for at least 6 continuous months.
- I agree to comply with the Constitution, ByLaws, policies and procedures of the organization.

Please check one of the following

- YES, I do consent** to having my name and contact information shared with other members, for stated lawful reasons as per the Societies Act.
- NO, I do consent** to having my name and contact information shared with other members, for stated lawful reasons as per the Societies Act.

Signed: _____

Date: _____