

# Fundraising Association MEMBERSHIP FORM

Name of Fundraising Association: Ecole Frere Antoine Fundraising Association (EFAFA)

Name of School: Ecole Frere Antoine Catholic Elementary School

Please complete and return this form to become a **member** of the Ecole Frere Antoine Fundraising Association (EFAFA).

All parents/legal guardians of students enrolled in the school are encouraged to become members of EFAFA. Other interested persons may become Community Members or Associate 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 voting member of EFAFA I have the right to:

- vote at any general meeting of the membership (AGM, SGM)
- receive notice of all meetings and fundraising activities
- serve on committees or chair fundraisers
- stand for election as an Officer or Director on the Board
- **Add other rights as per bylaws:** \_\_\_\_\_

The EFAFA Bylaws can be found on the school website at: <https://www.ecsd.net/8236/page/2974/ecole-frere-antoine-fundraising-association>

The Fundraising Association is required to obtain this information under the Societies Act for the Register of Members. All information will be used in accordance with the *Personal Information Protection Act (PIPA)*.

### Member Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Alternate Phone: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Date Membership Ceases: \_\_\_\_\_

### Membership Type:

- Voting Member – parent/guardian of student in the school
- Community Member (non-voting). *Subject to approval.* Indicate vested interest (grandparent, local business owner, etc.)
- Associate Member (advisory only - school staff)

Email Address and Consent: \_\_\_\_\_

- YES**, I consent to the use of my email for receiving fundraising and association information.
- NO**, I do not consent to the use of my email address by EFAFA.

*I understand that I may revoke my consent or membership at any time. It is my responsibility to notify the FRA of any changes to the information contained in this form.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



