VINCENT MASSEY PARENT COUNCIL ASSOCIATION (VMPCA)
Membership Form

Please complete and scan this form back to VMPCA, email: vincentmasseychair.58@gmail.com to become a member of the Vincent Massey Parents' Association (VMPCA). All parents/legal guardians of students enrolled at Vincent Massey Junior High School are encouraged to become members of the VMPCA. 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, but membership must be renewed annually.*

Members of VMPCA have the right to:

- vote at any general (membership) meeting of the society (AGM, SGM, RGM)
- 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

*****If each parent wants to become a member of VMPCA, *each* must complete and sign this document. Please submit completed forms to vincentmasseychair.58@gmail.com

Member Information:

Name: _____

Address: _____

Home Phone #: _____

Cell/Alternate Phone#: _____

Email: _____

Student(s) at school: _____

Membership Type:

___ I am a parent/legal guardian of a student attending Vincent Massey Junior High School

___ I am a Community Member (subject to approval) Community Members please circle vested interest: (ie. grandparent, registered new parent, former parent, etc.)

___ I am an Associate Member (advisory only)

Email Consent:

□ YES, I consent to the use of my email for receiving fundraising and VMPCA information.

□ NO, I do not consent to the use of my email address by the VMPCA.

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

Date: _____

Signature: _____

Member Information:

Name: _____

Address: _____

Home Phone #: _____

Cell/Alternate Phone#: _____

Email: _____

Student(s) at school: _____

Membership Type:

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Date: _____

Signature: _____

Vincent Massey Parents' Association 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 vincentmasseychair.58@gmail.com.