



PLANNED GIVING COUNCIL
OF SIMCOE COUNTY

Membership Application & Permission for Release of Information

I (please print) _____ hereby make application for membership with the Planned Giving Council of Simcoe County year 2016/2017. I understand that this application must be approved by the Council Executive. I hereby agree to abide by all polices, principles, guidelines, articles and Council by-laws that exist at the time of my application, or those which may be subsequently duly approved by the Council and communicated.

As a Council member, I give my permission for my name, organization and contact information to be disturbed publicly in various media. I also give permission for any photos/videos of me that be taken/recorded in connection with Council events to be used by the Council for publicity and information purposes.

The above obligations, or any others that may be conferred upon me as a result of my membership, must be met for my membership to continue. I understand and agree my membership may be revoked, with no refund of my membership dues, should I fail to meet these obligations.

My signature below confirms my acceptance of the membership terms set out above.

NAME:	DESIGNATIONS:
TITLE/POSITION:	ORGANIZATION:
PHONE NUMBER:	FAX NUMBER:
MAILING ADDRESS:	
CITY:	POSTAL CODE:
EMAIL ADDRESS:	
MEMBERSHIP TYPE	<input type="checkbox"/> Individual \$55.00 <input type="checkbox"/> Organizational \$110.00 <i>(An organization membership permits one individual to participate at Council Events/ Education Sessions at the member's rate. Additional participants from an organization will pay the non-member rate, if applicable.)</i>
Method of Payment	<input type="checkbox"/> Please invoice me. <input type="checkbox"/> Paypal via http://www.plannedgivingsimcoe.org/become-a-member <input type="checkbox"/> Please enclose a cheque payable to Planned Giving Council of Simcoe County and mail to: Planned Giving Council of Simcoe County c/o Membership Director P.O Box 27044 Barrie, ON L4M 6K4