



VICTORIA HANDWEAVERS
& SPINNERS GUILD

Membership Form / Privacy Act Permission Release Form

Name _____ Date _____

Address _____

FULL STREET ADDRESS

CITY

POSTAL CODE

Phone Number _____ Email Address _____

Membership type applied for:

- New Member \$40/year Associate/Student \$20/year
 Renewing Member \$40/year

Please make cheque payable to: ***Victoria Handweavers' and Spinners' Guild***

In order to comply with the Information and Privacy Act, it is necessary for each Guild member to give written permission to be included in the membership list and to also give permission to reproduce pictures of said member photographed at workshops, fairs, meetings, etc. These permissions are granted upon joining and again annually with membership renewal.

Please print your name and sign both scenarios to give consent:

I _____ hereby give consent to have my name, address, phone number and email added to the VHWSG membership list, available to Guild members only.

Signature _____ Date _____

I _____ hereby give consent to allow the VHWSG to print any photograph of myself attending a meeting, fair, workshop, etc., in the Guild newsletter and/or on the Guild website.

Signature _____ Date _____

Please send form and cheque (if applicable) to:

Membership
Victoria Handweavers' and Spinners' Guild
University Heights RPO Box 31125
Victoria BC V8N 6J3