

PLEASE PRINT AND COMPLETE THIS FORM AND MAIL IT TO RNA

ROCKLAND NEIGHBOURHOOD ASSOCIATION

Individual Membership Application for the Calendar Year 2010

<input type="checkbox"/> New member <input type="checkbox"/> Renewal		Title:	Given name:	Surname:
Unit #:	House#:	Street:		Postal Code:
Phone number:		Email:		

I am willing to serve on the following committees:

- | | | | |
|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Communications | <input type="checkbox"/> Environment | <input type="checkbox"/> History |
| <input type="checkbox"/> Land Use (Planning) | <input type="checkbox"/> Land Use (Zoning) | <input type="checkbox"/> Safety | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Woodland Garden | <input type="checkbox"/> Other (please specify): _____ | | |

I am willing to assist with the following volunteer activities:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Call members | <input type="checkbox"/> Distribute Mail | <input type="checkbox"/> Post Notices |
| <input type="checkbox"/> Room set-up | <input type="checkbox"/> Other (please specify): _____ | |

Official notices to the membership, such as an AGM notice of meeting, will be mailed via Canada Post. Newsletters will be sent via email to members who have provided us with their email address.

In addition, the board may, from time to time, email other information of interest to the membership, such as public notices or information about upcoming events.

If you do not wish to receive such notices, please tell us here:

- no thank you, I do **NOT** wish to receive any additional information.

The association has, in the past, received requests for its membership contact list.

Our association complies with the Personal Information Protection Act of British Columbia.

Your personal information is kept confidential and may not be shared with other members of RNA without your written consent. If you wish to allow your information made available, please check:

- I hereby consent to having my contact information made available to other members.

Signature: _____ Date: _____

Please return this form and a cheque for \$10.00 (payable to **Rockland Neighbourhood Association**) to:

Rockland Neighbourhood Association,

P.O. Box 5276, Station B,

Victoria, B.C.

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