DM Cohen School Society 2017/18 Membership Form

Please complete and return this form to the school to become a member of the DM Cohen School Society (DMCSS). All parents/legal guardians of students enrolled at Dr. Martha Cohen School are encouraged to become members of the DM Cohen School Society. Other interested persons may become Community Members, subject to vested interest and bylaws, as approved by the Society. The majority of members of the Society will be parents/legal guardians. *There are no membership fees*.

As a member of DMCSS I have the right to:

- vote at any general and special meeting of the Society
- 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

I understand the rights and responsibilities of being a member of DMCSS as outlined in the bylaws. A copy of the DMCSS bylaws can be found on the school's website or by clicking here: DMCS Society Bylaws

*If each parent wants to become a member of DMCSS, each must complete and sign this document.	
Member Information:	Member Information:
Name:	Name:
Address:	Address:
Home Phone #:	Home Phone #:
Cell/Alternate Phone#:	Cell/Alternate Phone#:
Email:	Email:
Membership Type: ☐ I am a Parent/Legal Guardian of a student in DMCSS ☐ I am a Community Member (subject to approval) Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.) ☐ I am an Administrator, Teacher or Staff member of Dr. Martha Cohen School	Membership Type: ☐ I am a Parent/Legal Guardian of a student in DMCSS ☐ I am a Community Member (subject to approval) Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.) ☐ I am an Administrator, Teacher or Staff member of Dr. Martha Cohen School
Email Consent:	Email Consent:
 ☐ YES, I consent to the use of my email for receiving fundraising and DMCSS information. ☐ NO, I do not consent to the use of my email address by the DMCSS. 	 ☐ YES, I consent to the use of my email for receiving fundraising and DMCSS information. ☐ NO, I do not consent to the use of my email address by the DMCSS.
I understand that I may revoke my consent or membership at any time. It is my responsibility to notify DMCSS of any changes to the information contained in this form.	I understand that I may revoke my consent or membership at any time. It is my responsibility to notify DMCSS of any changes to the information contained in this form.
Date:	Date:
Signature:	Signature:

DM Cohen School Society (DMCSS) 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 DMCSS president @ dmcs.schoolsociety@gmail.com.