

PERMISSION FORM

The First Unitarian Congregation of Ottawa must comply with the relevant federal/provincial legislation and regulations regarding privacy and the protection of people's personal information.



Please submit this form with your Membership Application Form.

My last name: _____ Children's Names and Dates of Birth _____

My first name: _____ _____

Partner/Spouse (whether applying or not) _____

Last name: _____ _____

First name: _____ _____

Mailing Address _____ Postal Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email: _____

PERMISSIONS: I agree to the use of my contact information above for the following purposes:

- Administrative contact** by the Congregation's office, Board of Directors, and authorized committees for the sole purpose of conducting congregational business and activities

Administrative contact	Yes _____	No _____
-------------------------------	-----------	----------
- Inclusion in the Congregation's directory**, which is printed annually and made available for the Congregation

Home Phone Number	Yes _____	No _____
Address	Yes _____	No _____
Email address	Yes _____	No _____
- Contact by the Stewardship Team** during the annual Pledge Campaign so that the Congregation can estimate financial commitments for the coming budget year

Stewardship Team	Yes _____	No _____
-------------------------	-----------	----------
- Publications:** If you are able, please opt to receive publications by email

Publications by email	Yes _____	No _____
Publications by mail	Yes _____	No _____
- Photo inclusion** either in a group photograph or an individual photograph

My photo			My children's photos		
In Directory	Yes _____	No _____	In Directory	Yes _____	No _____
On website	Yes _____	No _____	On website	Yes _____	No _____
In publications	Yes _____	No _____	In publications	Yes _____	No _____

This permission may be rescinded at any time by contacting the Congregation's office. If you are applying for Junior Membership (age 14-17), the signature of your parent or guardian is required.

Signature _____ Date (dd/mm/yy): _____

This permission is obtained in conformance with Ontario and Canada laws on Privacy of Information. The designated Privacy Officer for the congregation is the Director of Support Services.