



Date: _____

Standard Consent Form for the Disclosure of Personal Information

I, _____ authorize **Seabird Island** to collect, use and disclose the personal information as outlined below:

Note: for the purpose of communicating programs and services which directly impact Seabird Island and Community Members. i.e.: Membership Services, Communication Services (newsletter, annual report), Community Services (events, hampers, and gift cards), Elections (council, committees, and education), Lands (development, new laws), Housing and Health Services.

Full Legal Name: _____

Status Number: _____

Address

Number: _____ Street: _____ Apartment: _____

City/Town: _____ Province: _____ Postal/Zip Code: _____

Contact Information

Home Phone #: _____ Cell #: _____ Email: _____

Signature: _____

List additional individual(s) living in household:

Full Legal Name:	Status Number(s):

The information that you provide to Seabird Island is collected under the authority of the *British Columbia Freedom of Information and Protection of Privacy Act Section 26 and 27* http://www.bclaws.ca/civix/document/id/complete/statreg/96165_01 and the *Personal Information Protection and Electronic Documents Act (PIPEDA)* <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>.

Questions regarding the collection, use or disclosure of this Personal Information can be directed to:

Department: Membership Services
Email Address: membership@seabirdisland.ca
Phone: 604-796-2177

Return completed forms via the following:

Mail / drop-off: Seabird Island Band - 2895 Chowat Road, P.O Box 650, - Agassiz, BC - V0M 1A0 **OR**
Email: membership@seabirdisland.ca **OR**
Fax: 604-796-3729