PRIDE WINNIPEG FESTIVAL INC. MEMBERSHIP APPLICATION FORM



INSTRUCTIONS: Please read the form in full first before filling out any information.

If you will be writing in the information please write the

information in print-style (not cursive).

Please complete all fields.

PRIVACY: We recognize and respect the importance of privacy. Personal

information that we collect from this form will be used for the

purposes of Membership only.

SEND THIS FORM TO:

Pride Winnipeg PO Box 2101 Station Main

Winnipeg, MB R3C 3R4

GENERAL: An individual seeking to participate as a voting member of Pride Winnipeg must complete and

submit this Membership Application Form. There is an annual \$10 CAD fee for membership. The following conditions must be met for a membership application to be considered

complete:

PART 1 TYPE OF APPLICATION

(i) a completed Membership Application Form

(ii) Payment of \$10 CAD application fee. Cheques must be made to the order of 'Pride

Winnipeg Festival Inc.'

ARE YOU A NEW MEMBER OR A RENEWING MEMBER?

Please note: Pride Winnipeg reserves the right to accept or decline any application without

liability. If your application is not accepted, your application fee will be refunded.

| ☐ NEW MEMBER | ☐ KEINEVVII | NG MEMBER |
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| PART 2 MEMBERSHIP INFORMATION | | |
| FIRST & LAST NAME (as appears on ID) | | |
| PREFERRED NAME (if applicable) | | |
| STREET ADDRESS | | |
| CITY/TOWN | PROVINCE | POSTAL CODE |
| EMAIL | PHONE NUMBER | |
| May we leave a message with a third party and/or voicemail? May we add you to our Gayzette (e-newsletter) list? | | □YES □NO □YES □NO □YES □NO □YES □NO |
| | | |
| PART 3 AUTHORIZATION | | |
| By signing below I acknowledge that I have read this form and that the information submitted is accurate to authorize Pride Winnipeg to cash my enclosed cheque that I will be contacted via email at various times through the meetings. | the best of my kno as payment for my | owledge. Furthermore, I hereby annual Membership fee. I understand |

Date (yy/mm/dd):

Signature: