Stave Gardens Community Association
Application for Membership

PLEASE PRINT

Date: _____

Name: _____
Surname, Given Name

Address: _____

Postal Code:_____ **Phone #:** (_____)_____ **Cell #** (_____) _____

Email address: _____

Individual $5 _____

Do you authorize Stave Gardens Community Association to use your personal information for purposes of notifying you about updates, disclosure of information and SGCA activities? **Yes** _____ **No**_____

_____
Signature

Privacy Statement: *The Stave Gardens Community Association collects and uses the personal information on this form to create the membership list which is not used for commercial distribution purposes. This information will not be shared with other members of the association except with your permission. The Society retains all personal information for communications regarding membership activities, benefits and services.*