<u>Dryden & District Agricultural Society</u> Membership Application & Personal Waiver Form	
Name:	
	Membership Fee:
Mailing Address:	:Adult-\$15.00(17+ Years):Youth No Fee (16 & Under) D.O.B:: Senior No Fee (65 Years & Older) (Must Pay If Exhibiting Outside Of Senior Class)
Telephone/Cellphone: ()	
TEXT:Yes/No	
Email:	_
This Must Be Filled Out: Please Circle Yes/No:	<u> </u>
Yes No - I agree to receive correspondence	via email/ text for updates and recruitment for volunteer events?
Yes No - I agree to allow my personal informoduling the Fall Fair and any other events?	mation to be shared by the Directors of the DDAS when recruiting
Yes No - I consent to my personal informat Fair related events?	ion and likeness being used by the DDAS in their database and future
<u> </u>	onsent to having my picture published, on the DDAS website/social
media pages, in local publicaytions or radio station websit	te/ media pages? T
By signing this form, I confirm that I have read	I the above, and following statements and answered willingly:
venders, sponsors, directors, and any otther persons relat of promotion of DDAS and for the mainytenance of the director realizes that when they agree to atke part in th	I tion/likeness collected by the DDAS regarding members, commercial ted directly to the business of DDAS, will be solely used for the purposes eir files and data base. Any member, commercial vendor, sponsor or se DDAS, that their personal infotrmaytion may be published for these er will be sold or transferred to any outside party for any reason.
Signature of Applicant	Year
Signature of Parent/Gardian of Applicant if under age of Majority	Paid - Cheque - Cash - EMT