VERNON & DISTRICT FAMILY HISTORY SOCIETY

MEMBER CONSENT & CONTACT INFORMATION FORM

The Vernon & District Family History Society values the privacy of its members. This form allows members to provide their contact information and indicate their preferences regarding information sharing and the use of photographs.

1. MEMBER INFORMATION

Full Name:	
Email Address:	
Phone Number:	

2. PERMISSION TO SHARE CONTACT INFORMATION

The Society would like to provide members with opportunities to connect, share family history research, exchange information and network with other members.

Please, indicate whether you give permission for the Society to share your contact information (email address and phone number only) with other current members of the Vernon & District Family History Society for networking and Society-related communication purposes.

◯ **YES,** I give permission for my email address and phone number to be shared with other Society members.

◯ **NO,** I do not give my permission for my email address and phone number to be shared with other Society members.

Your contact information will not be shared publicly or provided to outside orgaization through this consent.

3. PERMISSION TO USE PHOTOGRAPHS

The Society occasionally takes photographs at meetings, events, workshops, presentations and other Society activities. These photographs may be used to promote the Society and share its activities and accomplishments.

Please, indicate whether you give permission for photographs in which you may appear to be used for:

- Society social media accounts e.g. Facebook
- The Society's website and other online platforms
- Online newsletters, events announcements and promotional materials

◯ **YES,** I give permission for Vernon & District Family History Society to use photographs of me for the puposees listed above.

◯ **NO,** I do not give permission for photographs of me to be used for the purposes listed above.

Permission may be withdrawn at any time by contacting the Society. Withdrawal will apply to future use and where reasonably possible, removal of photographs already published.

4. MEMBER ACKNOWLEDGEMENT

I understand that my choices above are voluntary and that I may choose to consent to one section without consenting to the other. I may change my preferences at any time by notifying the Society in writing.

Member Signature: _____ **Date:** _____

Thank you for being a member of the Vernon & District Family History Society