



Collingwood Elementary School Parent Association (CSPA)

Membership Form (2023/2024 School Year)

Please complete and return this form to the school to become a member of the Collingwood Elementary School Parent Association (CSPA). All parents/legal guardians of students enrolled in Collingwood Elementary School are encouraged to become members of the CSPA. Other interested persons may become Community Members or Associate Members, subject to vested interest and bylaws, as approved by the Association. The majority of members of the Association will be parents/legal guardians. *There are **no** membership fees.*

As a member of CSPA I have the right to:

- vote at any general (membership) meeting of the society (AGM, SGM, RGM)
- receive notice of all meetings and fundraising activities
- serve on committees or chair fundraisers
- stand for election as an Officer or Director on the Executive
- Add any others as per bylaws

I understand the rights and responsibilities of being a member of CSPA as outlined in the bylaws. The CSPA bylaws can be found on the school's website at <https://school.cbe.ab.ca/school/collingwood/get-involved/parent-society/pages/default.aspx>

***If each parent wants to become a member of CSPA, each must complete and sign this document**

Member Information: Name: _____ Address: _____ Home Phone #: _____ Cell/Alternate Phone #: _____ Email: _____	Member Information: Name: _____ Address: _____ Home Phone #: _____ Cell/Alternate Phone #: _____ Email: _____
Membership Type: ___ I am a parent/legal guardian of a student at Collingwood School ___ I am a Community Member (subject to approval) Community Member please indicate vested interest: (i.e. Grandparent, former parent, etc) _____ ___ I am an Associate Member (advisor only)	Membership Type: ___ I am a parent/legal guardian of a student at Collingwood School ___ I am a Community Member (subject to approval) Community Member please indicate vested interest: (i.e. Grandparent, former parent, etc) _____ ___ I am an Associate Member (advisor only)
Email Consent: <input type="checkbox"/> YES, I consent to the use of my email for receiving fundraising and CSPA information. <input type="checkbox"/> NO, I do not consent to the use of my email address by CSPA. I understand that I may revoke my consent or membership at any time. It is my responsibility to notify CSPA of any changes to the information contained in this form. Date: _____ Signature: _____	Email Consent: <input type="checkbox"/> YES, I consent to the use of my email for receiving fundraising and CSPA information. <input type="checkbox"/> NO, I do not consent to the use of my email address by CSPA. I understand that I may revoke my consent or membership at any time. It is my responsibility to notify CSPA of any changes to the information contained in this form. Date: _____ Signature: _____

Collingwood Elementary School Parent Association (CSPA) is required to obtain this information under the Societies Act. All information collected will be used in accordance with the Personal Information Protection Act (PIPA). For more information contact CSPA @ collingwoodPA@gmail.com.