

SOUTH OKANAGAN AMATEUR PLAYERS (SOAP Theatre) MEMBERSHIP FORM

1. Please fill out the following personal information.

In accordance with the Personal Information Protection Act (PIPA), SOAP restricts the collection, use, and disclosure of your personal information. Personal information is used solely for the purposes of the South Okanagan Amateur Players, such as communication between members, and will not be disclosed, sold or distributed to any other organization or for any other purposes outside those pertaining directly to the SOAP membership, in compliance with the BC Personal Information Protection Act. For more info, go to info@soplayers.ca

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

★ I would like to be placed on the e-newsletter list: YES NO

A **Member** must have:

- ★ *played an active role in the society in the 24 months before the date of the AGM, including, but not restricted to participation in a production, administration, social events, educational activities, or volunteer labour **and***
- ★ *paid the annual membership fee at least one month prior to the AGM.*

Membership entitles you to:

- ★ *vote at the Annual General Meeting*
- ★ *seek election to a position on the SOAP Board*
- ★ *discounts available through the purchase of a membership card.*

Membership expires immediately following the June AGM.

2. Please enclose your membership payment.

Cash Cheque Amount: \$5.00

3. Please sign this membership form.

I have read and understand the terms and conditions of membership. I consent to SOAP's collection, use, and disclosure of my personal information as described above.

Signature: _____ Date: _____

If under 18, Signature of Parent/Guardian: _____

Return form with payment to: SOAP Theatre, P.O. Box 1315, OLIVER, BC V0H 1T0