



Date: _____

I, _____, grant Sq'ewqel (Seabird Island Band) authorization to collect, utilize, and share personal information within the organization as stated below:

NOTE: to provide information about services and initiatives that directly affect Sq'ewqel (Seabird Island Band) Members, such as: Membership; Communication (Annual Report, Newsletter); Engagement / Elections / Referendums (Committees, and Council); Education; Events (Gift Cards, Hampers); Lands (Laws, Development); Emergency Preparedness, Housing and Health.

Full Legal Name: _____

Status Number: _____

Address

Number: _____ Street: _____

Apartment / Unit: _____ PO Box: _____

City / Town: _____ Province / State: _____

Country: _____ Postal / Zip Code: _____

Contact Information

Phone #: _____ Cell #: _____

Email: _____ Other: _____

How do you prefer to receive your information, please check all that apply:		
<input type="checkbox"/> Mail (off-reserve)	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Call
<input type="checkbox"/> Door to Door (on-reserve)	<input type="checkbox"/> Sq'ewqel Facebook	<input type="checkbox"/> Text
<input type="checkbox"/> Sq'ewqel Website	<input type="checkbox"/> Sq'ewqel Sqwélqwel Pípe (Seabird Island Newspaper)	
<input type="checkbox"/> Other: _____		

Signature of consent: _____

To list additional members in your household, and for additional details - please see page 2

Additional Adult individual(s) (19+) living in the same household:

Full Legal Name: _____

Status Number: _____ Contact Info: _____

Signature of consent: _____

Full Legal Name: _____

Status Number: _____ Contact Info: _____

Signature of consent: _____

Full Legal Name: _____

Status Number: _____ Contact Info: _____

Signature of consent: _____

List additional dependents living in household (under the age of 19):

Full Legal Name	Age	Seabird Member	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: When you change your contact information or move addresses please ensure your information is always up to date by re-submitting this form. Fillable forms are available on the Sq'ewqel Website <https://www.seabirdisland.ca/>

The information that you provide to Sq'ewqel is collected under the authority of the *British Columbia Freedom of Information and Protection of Privacy Act Section 26 and 27* http://www.bclaws.ca/civix/document/id/complete/statreg/96165_01 and the *Personal Information Protection and Electronic Documents Act (PIPEDA)*

QUESTIONS regarding the collection, use or disclosure of this Personal Information can be directed to:

Department: Privacy Services
Email Address: privacy@seabirdisland.ca
Phone: 604-796-2177

RETURN completed forms via the following:

Mail / drop-off: Seabird Island Band
2895 Chowat Road,
P.O. Box 650, Agassiz, BC
V0M 1A0 **OR**
Email: privacy@seabirdisland.ca **OR**
Fax: 604-796-3729