**ORCHESIS DANCE SOCIETY**

**MEMBERSHIP FORM**

**First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_

**Tel:** (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the following that apply to you:**

* **I am interested in receiving ODS updates, reports and announcements**
* **I would like to volunteer for ODS fundraising and other events**
* **I would like to be involved with the ODS executive**
* **I want to take advantage of ODS sponsored discounts and other perks available to ODS members**

**I acknowledge and understand that my personal information provided above will be used for Orchesis Dance Society communications, applications to the Alberta Liquor and Gaming Commission, and may be disclosed to other parties (i.e. sponsors) to facilitate my participation in any membership opportunities, discounts and/or other perks.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_