



CANADIAN PAKISTANI – PAKHTOON COMMUNITY ASSOCIATION.

27 CUSTOMLINE DRIVE

BAMPTON , ONTARIO L7A 3C2

PHONE: (416) 845-3209

Consent for Disclosure of Information

By signing this form The Member agrees to the term and condition of CPPCA & ESF Bylaws posted on the Association Web site from time to time. The members hereby authorize the management of the CPPCA to post and disclose the name, address, phone number and email address on the Association website and in all other situations deemed necessary by the corporation.

Name: _____

Gender: M / F

First

Middle

Last

Home Address: _____

City

Province

Postal Code

Phone #: _____ **Email:** _____

CPPCA Membership Type: Family (\$120/Y): _____ Individual(\$60/Y): _____

Donation (if any): \$ _____ **Total amount paid** \$ _____

In case of Emergency:

Beneficiary Name: _____ **Phone#:** _____

Emergency Contact Person: _____ **Phone#:** _____

I have read and understand the terms of the ESF Membership Agreement as outlined in the Emergency Support Fund by-law approved by the CPPCA Board of Directors.

Member Sig.: _____ **Date:** _____