

## **CANADIAN PAKISTANI PAKHTOON COMMUNITY ASSOCIATION**

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## Consent for Disclosure of Personal Information

By signing this form, the member agrees to the terms and conditions of the CPPCA and ESF by-laws posted on the CPPCA website from time to time. The member hereby authorizes the management of the CPPCA to post and disclose his/her name, address, phone number, and email address on the CPPCA website and in all other situations deemed necessary by the Association.

Name:		Gender: M / F
Age Group: 1830 Yrs:_	, 3159 Yrs:	
Residence of:		
	City	Region
Phone #:	Email:	
CPPCA Membership Type:	Family <u>(</u> \$120/Y:)	Individual <u>(</u> \$60/Y):
Spouse Name:		
Age Group: 1830 Yrs:_	, 3159 Yrs:	<i>,</i> 60 & Above:
Phone #:	Email:	
Member's Signature:		Date: