

**Duclos-HE Bourgoin Support Group Foundation  
Fundraising Association (DHEBFA)**  
**Membership Form**

**Sept 2024-Sept 2025 School Year**

Please complete and return this form to become a member of the Duclos-HE Bourgoin Support Group Foundation Fundraising Association (DHEBFA). All parents/legal guardians of students enrolled in either Duclos School or H.E. Bourgoin School (DUCLOS/HEB) are encouraged to become members of the Duclos-HE Bourgoin Support Group Foundation Fundraising Association. Other interested persons may become Community Members or Associate Members, subject to vested interest and bylaws, as approved by the Association. The majority of members of the Association will be parents/legal guardians.

*There are no membership fees.*

**As a member of DHEBFA I have the right to:**

- vote at any general (membership) meeting of the society (AGM, SGM)
- receive notice of all meetings and fundraising activities
- serve on committees or chair fundraisers
- stand for election as an Executive or Director on the Executive

I understand the rights and responsibilities of being a member of DHEBFA as outlined in the bylaws. The DHEBFA bylaws can be requested by emailing the DHEBFA at: [duclosheb@gmail.com](mailto:duclosheb@gmail.com)

**\*If each parent wants to become a member of DHEBFA, each must complete and sign this document.**

**Member Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell/Alternate Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Type:**

I am a parent/legal guardian of a student in \_\_\_\_\_  
 I am a Community Member (subject to approval)  
Community Members please indicate vested interest: (ie. Grandparent, former parent, etc.)  
 I am an Associate Member (advisory only)

**Email Consent:**

YES, I consent to the use of my email for receiving fundraising and DHEBFA information.  
 NO, I do not consent to the use of my email address by the DHEBFA.

*I understand that I may revoke my consent or membership at any time. It is my responsibility to notify DHEBFA of any changes to the information contained in this form.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Member Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell/Alternate Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Type:**

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*I understand that I may revoke my consent or membership at any time. It is my responsibility to notify DHEBFA of any changes to the information contained in this form.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Duclos-HE Bourgoin Support Group Foundation Fundraising Association (DHEBFA) is required to obtain this information under the Societies Act. All information collected will be used in accordance with the *Personal Information Protection Act (PIPA)*. For more information please contact DHEBFA president @ [duclosheb@gmail.com](mailto:duclosheb@gmail.com)