

**CONSENT TO RELEASE  
CONFIDENTIAL INFORMATION**  
*(Completed form with signature is required)*

I understand the contents of my **CHILLIWACK MÉTIS ASSOCIATION** membership application are confidential. All personal information is protected by the Personal Information and Privacy Act (PIPA) and may not be released to any individual, body or organization without my written consent.

I hereby authorize **CHILLIWACK MÉTIS ASSOCIATION** to store in hard and/or electronic copy the following contents of my **CHILLIWACK MÉTIS ASSOCIATION** application file:

- Individual Membership Application form; which includes the following information:
  - Name
  - Address
  - Phone Number
  - Email address
  - Signature
- Consent to Release Confidential Information form
- Photograph
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I hereby authorize the **CHILLIWACK MÉTIS ASSOCIATION** to use the information contained in my **CHILLIWACK MÉTIS ASSOCIATION** application file for the following purposes:

- **CHILLIWACK MÉTIS ASSOCIATION** (AGM) Voters Lists
- Verification of Métis Nation BC Citizenship
- Use of my residential address, email address and/or phone number for the purpose of receiving Chartered Métis Community updates, meeting notifications, events and program opportunities.

*Please use this section to specify if you do not authorize the **CHILLIWACK MÉTIS ASSOCIATION** to use the information contained in my **CHILLIWACK MÉTIS ASSOCIATION** application file for above mentioned purposes.*

I understand all information in regard to my application for will be retained by the **CHILLIWACK MÉTIS ASSOCIATION** unless I provide written instructions with my signature to destroy and/or return all information I have submitted.

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

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

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

Witness: \_\_\_\_\_

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

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