



**Society of Grasslands Naturalists**  
Box 2491, Medicine Hat, Alberta T1A 8G8



## Membership Form for 2023

Name\* \_\_\_\_\_ Name of 2<sup>nd</sup> Family Member \*\* \_\_\_\_\_

Address\* \_\_\_\_\_ Membership: Individual \$20/year \_\_\_\_\_

City / Province\* \_\_\_\_\_ Family \$25/year \_\_\_\_\_

Postal Code\* \_\_\_\_\_ Organization \$25/year \_\_\_\_\_

Telephone+ \_\_\_\_\_ Donation \_\_\_\_\_ Tax Receipt Available

Email++ \_\_\_\_\_ **Total Enclosed** \_\_\_\_\_

Preference for receiving Chronicle newsletter\*:  
 Post or  Email or  Neither  
 Payments can be made by cheque, cash or using e-Transfer at [memberships@grasslands-naturalists.org](mailto:memberships@grasslands-naturalists.org)

*Current and recent Chronicles can be viewed and downloaded from the Grasslands Naturalists website [www.grasslands-naturalists.org](http://www.grasslands-naturalists.org). **Regardless of payment option used, a signed membership form must be filled out and submitted.***

\* Required information. \*\* Required information for family membership.

+ Optional Information. For phone number(s), please note whether it is a residence, cell phone or business number.

++ Information required if you wish to receive the Chronicle and announcements by email.

### **Informed Consent for Field Trips**

I may wish to participate in field trips and events organized by the Society of Grasslands Naturalists. I affirm that, as a participant, I and my child(ren)/ward(s) are prepared to stay with the group and follow the directions of the coordinator and activity leader. I affirm that, knowing my personal state of health, I feel that I am mentally and physically capable of participating in the trips and events that I choose to attend. I acknowledge that I am aware of the inherent risks, hazards, and dangers associated with activities arising from my participation in trips, events, litter cleanups, invasive species removal or any other activity that may result in injury, sickness or death to me or my child(ren)/ward(s). Some of these risks may be specific to the area. These include, but are not limited to, animal attacks as well as poisonous snakes, insects and vegetation. Therefore, in consideration of my participation in these trips and events, for myself, my heirs, my executors, my administrators, and my successors, I voluntarily assume all risks and hereby waive all my rights against Grasslands Naturalists and unconditionally release and discharge the Grasslands Naturalists, its members, directors, officers, its affairs and its coordinators from all manner of activities, causes of action, suits, claims and demands for damages due to personal injury, sickness, death, loss or damage to property, expenses or otherwise which may or shall arise in any way as a result of my participation in the above trips and events.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Family Member

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

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



**Society of Grasslands Naturalists**  
Box 2491, Medicine Hat, Alberta T1A 8G8

## Consent Form

### Consent to the Use and Distribution of Personal Information

Grasslands Naturalists (GN) collects personal information subject to the '*Personal Information Protection Act*' (PIPA). GN may, subject to your consent, wish to make some personal information public through, for example, its Chronicle, Website, Facebook page or newspaper article. Please indicate your consent to the following release of information and note any specific exclusion of a consent such as for children.

	Yes	No	Exclusion
Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Residence telephone	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business phone	<input type="checkbox"/>	<input type="checkbox"/>	_____
Email address	<input type="checkbox"/>	<input type="checkbox"/>	_____
Residence address	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pictures	<input type="checkbox"/>	<input type="checkbox"/>	_____

Beyond the above consents, GN will not distribute personal information to a third party without your consent unless such information is required, by law, to be released to a federal or provincial government agency in order, for example, to maintain GN's non-profit organization status.

### Consent to Receive Emails Related to Commercial Activities

GN may wish to send you emails to promote some of its commercial activities including those provided by its *Club* and *Interpretive Program*. Please indicate your consent to receiving such information.  Yes  No

### Modification of Consents

You may modify any of the above consents, at any time, through a written request to the member of the GN Executive responsible for Memberships.

Signature of Member	Signature of 2 <sup>nd</sup> Family Member
Date: _____	Date: _____