



WOODSTOCK AGRICULTURAL SOCIETY
2023 MEMBERSHIP APPLICATION

Completed form and payment may be submitted to Fairgrounds Office or
dropped off at the Market at the Fairgrounds on Saturdays.

Fee \$10.00

New Member [] Renewal [] [] Cheque [] Cash

Membership year Dec. 1, 2023 - Nov. 30, 2024
Please Print

Name: _____

Address: _____

Telephone: _____

Email: _____

Please send reminders about upcoming events by email. Yes ____ No ____

All members are required to sign this consent form each year.

Membership Consent Form for Collection, Use and Disclosure of Personal Information - OAAS District 7

The WAS is required by Federal Privacy Legislation (PIPEDA) to have each member sign a consent form annually, allowing the
society to collect, use and disclose personal information according to specific guidelines. All information provided will remain
strictly confidential within the Woodstock Agricultural Society and will not be distributed to any third party other than those
affiliates deemed necessary in operation and business of the Society. We understand the importance of protecting your privacy
and are committed to collecting, using and responsibly disclosing your personal information.

Our society will collect, use and disclose information about you for the following purposes only:

- To contact you.
Communicate with other Agricultural Association groups (Association, District, and Societies).
To send out pertinent information such as newsletters.
To keep an accurate membership list.
To comply with legal and regulatory requirements, including information to the Ministry of Agriculture and Food.
To deliver pertinent information to the insurance carrier.
For teaching and demonstrative purposes on an anonymous basis.
To assist this society n complying with all regulatory requirements within the law.

Member Consent: I have reviewed the above information and agree that the Society may collect, use and disclose my data as
stated above. I understand the members of the Woodstock Agricultural Society, including executive members, are volunteers of
the Society and, as such, are immune from civil liability for any act or omission resulting in any personal loss, insult or injury
incurred in the activities of the Society.

*Signature: _____ Date: _____

As a member of the WAS, you are encouraged to take on an active role in the function of the Society.
Please indicate below the areas in which you would be willing to assist.

Home Show ___ Fair ___ Set Up ___ Tear Down ___
Parking ___ Morning ___ Afternoon ___ As Needed ___
Weekend ___ Weekday ___ Evening ___ Community Event Booths ___

Contact Us;
519-537-8212
Woodstockfairgrounds.com
Facebook.com/woodstockagsociety