



## 2010-2011 MEMBERSHIP FORM

Please complete this form and submit with your \$20.00 membership fee to:  
Sandra Dunlop, Membership Chairman, 133 Antrim St., Carleton Place, ON K7C 1A6

A member concurs with the purpose of The Mudds, will be bound by the Mudds Constitution, and will behave in a manner that will not bring The Mudds into disrepute or censure.

NAME	PHONE	POSTAL ADDRESS	E-MAIL ADDRESS	BIRTH DATE*

\*This info is needed for the accident insurance which covers all Mudds members.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### PRIVACY CONSENT

In conjunction with the Privacy Policy of the Mississippi Mudds of Carleton Place \*, as a member of the Mississippi Mudds, I hereby agree to the following:

1. As a member of the cast or crew of any Mudds production, my name and photograph may be published in newspapers and/or on the Mudds web site
2. I will not use or disclose personal information such as names, addresses (including e-mail), telephone numbers of any Mudds members to any third party for any reason

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

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

Does Not Consent: \_\_\_\_\_

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

*\* The privacy Policy can be viewed by going to [www.mississippimudds.com](http://www.mississippimudds.com) and following the links through the Noticeboard to "Documents".*