

The Ontario Goat Milk Producers' Association

Membership Application

*c/Lidija DeAngelis RR # 2Branchton, Ont. NOB 1LO
1-519-622-0170*

Farm Name: _____

Name: _____

Address: _____

Postal code: _____

Phone: _____ Fax number: _____ E-Mail _____

Full Membership:

(licensed Ontario shipper)

Shippers License: # _____

Fee: **\$50.00** Please make cheques payable to OGMPA and send along with this application to:

OGMPA

c/o Lidija DeAngelis
RR#2 Branchton, Ontario
NOB 1LO

Associate Membership:

(non voting)

Fee: **\$30.00** Inside Canada **\$50.00** Outside Canada

Please make cheques payable to OGMPA and send along with this application to:

OGMPA

c/o Lidija DeAngelis
RR#2 Branchton, Ontario
NOB 1LO

What breed (s) of goats to you have? Alpine Saanen Toggenburg Lamancha Nubian Mixed

Consent for the Collection, Use and Disclosure of Information
As per the Personal Information Privacy Act

Please be advised that the information you have provided is subject to the Personal Information and Privacy Act.

When you apply for membership to the Ontario Goat Milk Producers' Association, certain personal information will be collected, used and disclosed on your behalf.

This personal information will be protected in accordance with the procedures and Privacy Policy of the OGMPA. Personal information collected, used and disclosed is mainly for the purposes of enabling the OGMPA to inform you on matters which provide benefits to you.

In addition, your information may, with consent, be published to other members in a membership list; for the purposes of research and development. As well, your information may be disclosed to any other party authorized to request this information (i.e. government agency).

By signing this form, you are consenting to such collection, use and disclosure of said information.

CONSENT

I, _____ (please print name) consent to the OGMPA collecting, and using personal information about me in accordance with this form for:

Administrative purposes check here (____)

Inclusion in a published membership list. check. here (____)

Inclusion in a membership list on the OGMPA web site. check. here (____)

The purposes of research and development. check here (____)

I acknowledge that the Privacy Policy is available upon request and I have had an opportunity to review it if I so choose.

Signature

Date

I would like a link to my home page address _____ to appear on the OGMPA web site.

I would like a link to my e-mail address _____ to appear on the OGMPA web site.

We do not give out or otherwise disclose personal information
unless permitted or required by law to do so.