



CLANS AND SCOTTISH SOCIETIES OF CANADA

www.scotscanada.ca

MEMBER INFORMATION UPDATE FORM

(To be used by existing members only)

Required Fields are highlighted in RED

Please provide details for any new, changed or unsure of what is on file

Complete both sides of the form and send by email to secretary@scotscanada.ca

OFFICIAL ORGANIZATION

NAME: _____

Street Address : _____ **Municipality:** _____

Prov/State: _____ **Country:** _____ **Postal Code/Zip:** _____

Phone: _____ Work _____ **Other:** _____
/Fax: _____

Website : _____

E-mail: _____

Facebook: _____

OFFICIAL DELEGATE (Contact info for the Members' Directory): Check here if no change required

NAME: _____

Organizational Position of Delegate: _____

E-mail: _____

Check here if address is the same as the organization's

Street Address : _____ **Municipality:** _____

Prov/State: _____ **Country:** _____ **Postal Code/Zip:** _____

Phone: _____ Work _____ **Other:** _____
/Fax: _____

ALTERNATE DELEGATE: Check here if no change required

NAME: _____

Organizational Position of Alternate Delegate: _____

E-mail: _____

Check here if address is the same as the organization's

Street Address : _____ **Municipality:** _____

Prov/State: _____ **Country:** _____ **Postal Code/Zip:** _____

Phone: _____ Work _____ **Other:** _____
/Fax: _____

Please complete page 2

MEMBERSHIP/MARKETING CONTACT: Check here if no change required

NAME: _____

E-mail: _____

Check here if address is the same as the organization's

Street Address : _____ **Municipality:** _____

Prov/State: _____ **Country:** _____ **Postal Code/Zip:** _____

Phone: _____ **Fax:** _____ **Other:** _____

HEAD OF ORGANIZATION: Check here if no change required

NAME: _____ **Email** _____

Organizational Position of Head: _____

PUBLICATIONS CONTACT (if applicable): Check here if no change required

NAME: _____ **Email** _____

ACCOUNTS PAYABLE CONTACT(For renewals and receipts) Check here if no change required

NAME: _____ **Email** _____

Binder updates, posters and other materials recipient? Check here if no change required

NAME: _____ **Email** _____

Additional addresses for the newsletter? Check here if no change required

NAME: _____ **Email** _____

NAME: _____ **Email** _____

NAME: _____ **Email** _____

NAME: _____ **Email** _____

Please contact secretary@scotscanada.ca to update what information is to be shown on websites and other public displays.

Completed by:(required) _____ **Date: (required)** _____

(A digital signature is acceptable for this form)

Privacy Policy: CASSOC is committed to maintaining the accuracy, confidentiality, and security of information you have provided to us. The information provided on this form will be used only for the specific purposes indicated unless prior permission for additional use is first obtained from you. CASSOC will list your organization and website link on CASSOC websites, newsletters, and other publications.

Please contact secretary@scotscanada.ca for questions, enquiries or instructions with regards to this form and the handling of the information you are providing.