



## APPLICATION FORM

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

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, please send me Kids' Club related emails

Birth Date (dd/mm/yyyy): \_\_\_\_\_

Parents' Co-op Membership No. (optional): \_\_\_\_\_

Central Plains Co-op respects your privacy and will administer the personal information that you provide to it in accordance with its privacy policies and related practices. The personal information that you provide to the Co-op is being collected and will be used for one of the following purposes: to communicate with you about Kids' Club activities and contests; to confirm eligibility for Kids' Club contests; to contact you if you are a winner in a Kids' Club contest; to send you Kids' Club related emails should you voluntarily choose to opt-in for email contact.

For more information regarding the Co-op's privacy policies and practices please contact the Administration office at 306.882.2601.

I understand that by signing this application form, I am consenting to the collection of my child's personal information and its use for the stated purposes.

\_\_\_\_\_  
Parent/Guardian - Please print your name

\_\_\_\_\_  
Parent/Guardian - Signature

**Bring this completed form to any cashier or customer service clerk. You will receive your special membership card in the mail.**

