



# Evington Community Association

## Membership Application



Name: \_\_\_\_\_ Home Tel.: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Cellular: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ email: \_\_\_\_\_  
 City: \_\_\_\_\_ Dues Paid Ck. #: \_\_\_\_\_ Cash \_\_\_\_\_  
 State, ZIP: \_\_\_\_\_

I subscribe to the principles of this association as established in its Articles of Association, Bylaws, motto, and statements of purpose. I understand that this is a non-profit association, public charity, that operates within the requirements established for such bodies by the United States and Virginia state governments.

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

### Member Privacy

#### Policy Statement

Personal information collected by Evington Community Association is for the primary purpose of membership requirements and/or communication in connection with the function of the Association business activity. It will not be released to others for any form of commercial gain and will be maintained to protect against unauthorized use.

#### Consent

I have read and have access to the Privacy Policy of the Evington Community Association. I provide my consent for the Evington Community Association to collect, use and disclose my personal information as outlined in the document. I understand that I am entitled to access to my own records except where access would be denied as outlined in the document.

I understand that I may withdraw my consent concerning use and disclosure of my personal information (except where legal obligations must be met).

Member Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_