



Beaver Valley Outreach is a not-for-profit, community-based organization of staff and volunteers that provides quality programs and services to enhance the social, economic and environmental well-being of people in the town of The Blue Mountains.

**MEMBERSHIP FORM**

**Membership Criteria**

Membership in Beaver Valley Outreach is open to any resident of the town of The Blue Mountains, who is over the age of 18 years, who pays the annual membership fee and who accepts and affirms BVO's Code of Ethics and Oath of Confidentiality as outlined below.

**PLEASE NOTE** – In order for new members to secure voting privileges at our Annual General Meeting, the following affirmation and annual membership fees must be received no later than 45 days prior to the date announced for the AGM.

I wish to renew my membership in BVO and enclose my annual membership fee for the year 20__ to 20__ I am a BVO Volunteer [ <input type="checkbox"/> ] OR I am a concerned and interested citizen [ <input type="checkbox"/> ]  Initial _____
I wish to become a member of BVO and enclose my annual membership fee for the year 20__ to 20__ I am a BVO Volunteer [ <input type="checkbox"/> ] OR I am a concerned and interested citizen [ <input type="checkbox"/> ]  Initial _____

**CODE OF ETHICS**

- I will treat BVO and its programs and services with dignity and respect, and I will conduct myself in a manner conducive to the well-being of the organization.
- I will protect the privacy of those people who use our services and hold in confidence all acquired information concerning clients, staff, board members, other volunteers and donors.

**OATH OF CONFIDENTIALITY**

- I will not engage in discussion of situations or cases within or outside of BVO, except on a need to know basis as may be required for the appropriate conduct of BVO.
- I will keep in strict confidence any information concerning participants in BVO programs and services, as well as information on donors.

I, \_\_\_\_\_, have read, understood, affirmed and agree to abide by BVO's Code of Ethics and Oath of Confidentiality.

Signature of Member		Date	
Signature of Witness		Date	

**INFORMATION FOR BVO FILES (Please print)**

Member's Address	
Member's Phone Number	
Member's E-Mail Address	