

IFHR Member Application

Please complete this form to apply for membership or update member information.

- This application collects basic contact information, membership interest, and consent preferences.
- Do not include sensitive personal information unless IFHR specifically requests it for a program or service.
- Submitting this form does not automatically confirm membership. IFHR may review applications according to bylaws and policies.

1. Applicant Information

Full legal name _____

Preferred name _____

Date of birth (optional) _____

Phone number _____

Email address _____

Mailing address _____

City / Province / Postal code _____

2. Membership Request and Fee

New member application Renewal / update Youth member

Membership type requested:

General member Volunteer member Family / household

Other If other, describe _____

Membership fee:

Single membership - \$25 Family membership - \$40

Payment method / notes _____

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Page 2 - family member list, connection, and interests.

3. Family Members - Complete for Family Membership

List family or household members included in the family membership.

Name	Relationship	Age, if minor	Phone/email, if different
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4. Connection and Interests

What brings this applicant to IFHR or why is membership being requested?

Areas of interest - check any that apply:

- | | |
|--|--|
| <input type="checkbox"/> Medicine Garden / land-based learning | <input type="checkbox"/> Events and community gatherings |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Youth / family programs |
| <input type="checkbox"/> Training / workshops | <input type="checkbox"/> Member business / job postings |

Other interests _____

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Page 3 - interests, contact preferences, emergency contact, and permissions.

5. Other Interests or Skills

Other interests or skills the applicant may wish to share

6. Communication Preferences

How may IFHR contact this applicant?

- Email Phone Text message Mail

May IFHR send member updates, meeting notices, program information, and event reminders?

- Yes No

7. Emergency Contact - Optional

Emergency contact name _____

Relationship _____

Emergency contact phone _____

Emergency contact email, if applicable _____

8. Permissions and Member Directory

- Agree to be listed in a member directory, if IFHR creates one.
- Do not list in a member directory.
- Permission granted for photo/name use in member highlights or IFHR promotions, with consent for each use.
- No general photo/name permission granted at this time.

Notes or limits on permissions

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Page 4 - declaration and office use.

9. Declaration

- The information provided in this application is true to the best of the applicant's knowledge.
- IFHR may review this application according to its bylaws, policies, and membership process.
- The applicant agrees to follow IFHR community expectations, safety rules, and respectful conduct requirements when participating in IFHR activities.

Applicant signature

Date

Parent/guardian signature, if applicant is a minor

Date

10. Office Use Only

Application received

Reviewed

Approved

Not approved

Reviewed by

Review date

Membership start date / number

Membership fee received

Office notes

11. Privacy Reminder

Store completed applications securely. Do not post or share personal contact information publicly without consent.