



Maritime Association of Professional Sign Language Interpreters

P.O. Box 2625, Halifax, N.S. B3J 3P7

Membership Distribution List Consent Form

I agree to allow the Directors and Officers of the Maritime Association of Professional Sign Language Interpreters (MAPSLI) to use the following information in these published materials (initial item and circle all that apply):

- _____ a. Internal Membership list shared only with fellow MAPSLI members
(Active, Active Non-Resident, Supporting, & Associate)

Name	Address	Home ph	Bus. Ph	Fax	Email	Alt email
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- _____ b. MAPSLI website: www.mapsli.ca

Name	Email	Alternate Email
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Personal Information:

Name _____

Mailing Address _____

Home phone _____

Business phone _____

Fax _____

Email address _____

Alternate email address _____

NOTE: MAPSLI will not sell or share your personal information with any third party without your prior written permission. Any changes to the above instructions and/or information shall be given to MAPSLI in writing.

Signature

Date